

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005925 (9)

1. Corporation Name

LYNN PARK AREA RESIDENTS ASSOCIATION, INC.



Principal Place of Business 8725 FIRETOWER ROAD JACKSONVILLE FL 32210		Mailing Address 8725 FIRETOWER ROAD JACKSONVILLE FL 32210		3. Date Incorporated or Qualified 10/20/1997	
2. Principal Place of Business 21 8648 Susie St Suite, Apt. #, etc.		2a. Mailing Address 26 8648 Susie St Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State 23 JAX FL		27 City & State 28 JAX, FL 32210		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32210 25 DUVAL		29 32210 30 DUVAL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GOODMAN, JONATHAN H 1377 CASSAT AVENUE JACKSONVILLE FL 32205				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
				DELOY Palmer 8615 Susie St JAX FL 32210	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

DeLOY Palmer
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	1.3 STREET ADDRESS
		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Claire Sheffield
Signature, typed or printed name of registered agent and file if applicable.

CLAIRE SHEFIELD 3/2/98 904-908-5383

CR2E037 (10/97)