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Apr 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006041

1. Corporation Name

COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

879 CAMP JOHNSON RD
ORANGE PARK FL 32065
US

Mailing Address

P.O. BOX 1381
ORANGE PARK FL 32067

542017 - 90324 - 33



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2925 College Park Dr	26 2925 College Park Dr	10/27/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
		59-3424234
22 Meddleson, Georgia	27 Meddleson, Georgia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
23 32068	28 U.S.	Trust Fund Contribution
Zip	Country	
24 32068	29 U.S.	
Country	Country	

9. Name and Address of Current Registered Agent

ANSBACHER, BARRY B
1301 RIVERPLACE BLVD., STE. 2450
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name	Trent Dapp
82 Street Address (P.O. Box Number is Not Acceptable)	2925 College Park Dr
83	
84 City	Meddleson
85 State	FL
86 Zip Code	32068

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MCWILLIAMS, A.E.	1.2 NAME	DANIEL SCHLOT Sr.
STREET ADDRESS	4711 HWY 17 S #8	1.3 STREET ADDRESS	2933 College Park Dr
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	Meddleson, FL 32068
TITLE	D	2.1 TITLE	Trent Dapp
NAME	MCWILLIAMS, MACY	2.2 NAME	Trent Dapp
STREET ADDRESS	4711 HWY 17 S #8	2.3 STREET ADDRESS	2925 College Park Dr
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	Meddleson, FL 32068
TITLE	D	3.1 TITLE	D
NAME	NICHOLS, LAWRENCE D	3.2 NAME	Judy Westman
STREET ADDRESS	879 CAMP JOHNSON RD	3.3 STREET ADDRESS	2933 College Park Dr
CITY-ST-ZIP	ORANGE PARK FL 32065	3.4 CITY-ST-ZIP	Meddleson, FL 32068
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/99 (904) 276-6526

CR2E037 (1/98)