


FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000003347 ✓		
1. Corporation Name GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC		
Principal Place of Business 2468 PROVOST COURT JACKSONVILLE FL 32216	Mailing Address POST OFFICE BOX 10212 JACKSONVILLE FL 32247	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	06/08/1998
22. City & State	27. City & State	4. FEL Number
23. Zip	28. Zip	59-3514574
24. Country	29. Country	Applied For
	30. Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		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		10. Name and Address of New Registered Agent	
HAMEL, JOHN 2466 PROVOST COURT JACKSONVILLE FL 32216		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>John V. President</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>John Housley</i>	1.2 NAME	
STREET ADDRESS	<i>2113 LARRY DR. W.</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>JAX FL 32216</i>	1.4 CITY-ST-ZIP	
TITLE	<i>Secretary</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SHERRI Housley</i>	2.2 NAME	
STREET ADDRESS	<i>2113 LARRY DR. W.</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>JAX FL 32216</i>	2.4 CITY-ST-ZIP	
TITLE	<i>Treasurer</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Susan Bowen</i>	3.2 NAME	
STREET ADDRESS	<i>2429 PROVOST RDE.</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>JAX FL 32216</i>	3.4 CITY-ST-ZIP	
TITLE	<i>(Director)</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Betty Barnes</i>	4.2 NAME	
STREET ADDRESS	<i>2138 LARRY DR. W.</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>JAX FL 32216</i>	4.4 CITY-ST-ZIP	
TITLE	<i>(Director)</i> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ROBERT BURRESS</i>	5.2 NAME	
STREET ADDRESS	<i>2807 ELISA DR. W</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>JAX FL 32216</i>	5.4 CITY-ST-ZIP	
TITLE	<i>(Director)</i> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>JOHN LOSCO</i>	6.2 NAME	
STREET ADDRESS	<i>2470 PROVOST CT</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<i>JAX FL 32216</i>	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]* **SIGNATURE REQUIRED** *Sherri Housley* 7/20/99 904)24-3567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)