


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

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000003347</b> ✓					
<b>1. Corporation Name</b> <b>GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC</b>					
<b>Principal Place of Business</b> 2468 PROVOST COURT JACKSONVILLE FL 32216			<b>Mailing Address</b> POST OFFICE BOX 10212 JACKSONVILLE FL 32247		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Incorporated or Qualified</b> 06/08/1998	
<b>21</b>		<b>2a</b>		<b>4. FEL Number</b> 59-3514574	
<b>22</b>		<b>27</b>		<b>Applied For</b> Not Applicable	
<b>23</b>		<b>28</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24</b>		<b>29</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> HAMEL, JOHN 2466 PROVOST COURT JACKSONVILLE FL 32216			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b> John V. President <input type="checkbox"/> DELETE <b>NAME</b> John Housley <b>STREET ADDRESS</b> 2113 LARRY DR. W. <b>CITY-ST-ZIP</b> JAX FL 32216			<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>		
<b>TITLE</b> Secretary <input type="checkbox"/> DELETE <b>NAME</b> SHERRI Housley <b>STREET ADDRESS</b> 2113 LARRY DR. W. <b>CITY-ST-ZIP</b> JAX FL 32216			<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>		
<b>TITLE</b> Treasurer <input type="checkbox"/> DELETE <b>NAME</b> SUSAN BOWEN <b>STREET ADDRESS</b> 2429 PROVOST RD E. <b>CITY-ST-ZIP</b> JAX FL 32216			<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>		
<b>TITLE</b> (Director) <input type="checkbox"/> DELETE <b>NAME</b> BETTY BARNES <b>STREET ADDRESS</b> 2138 LARRY DR. W. <b>CITY-ST-ZIP</b> JAX FL 32216			<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>		
<b>TITLE</b> (Director) <input type="checkbox"/> DELETE <b>NAME</b> ROBERT BURRESS <b>STREET ADDRESS</b> 2807 ELISA DR. W. <b>CITY-ST-ZIP</b> JAX FL 32216			<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>		
<b>TITLE</b> (Director) <input type="checkbox"/> DELETE <b>NAME</b> JOHN LOSCO <b>STREET ADDRESS</b> 2470 PROVOST CT <b>CITY-ST-ZIP</b> JAX FL 32216			<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/99 904)224-3567

CR2E037 (5/99)