

FILE NOW. FILING FEE AFTER MAT 1ST IS \$550.00

004

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED

99 AUG 23 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034027

1. Corporation Name
J.N.M. TURNBERRY, INC.

Principal Place of Business
2453 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address
2453 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/15/1997	
4. FEI Number 59-3445632	Applied For <input type="checkbox"/> 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
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGARVEY, JAMES N JR
2453 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARVEY, JAMES N JR	12 NAME	
STREET ADDRESS	2453 SOUTH THIRD STREET	13 STREET ADDRESS	100002970331-0
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	14 CITY-ST-ZIP	-08/25/99--01098--004
TITLE		21 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, 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

4-19-99 247-2

SP

MCGARVEY RESIDENTIAL COMMUNITIES

2453 South Third Street
Jacksonville Beach, FL 32250
(904) 247-9160
Fax (904) 247-9163
www.mcgarveycommunities.com

July 14, 1999

Ms. Katherine Harris
Secretary of State
Division of Corporations
FLORIDA DEPARTMENT OF STATE
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary Harris:

We are in receipt of a "2nd Notice" for the 1999 Profit Corporation Annual Report packet for J.N.M. TURNBERRY, INC, document #P97000034027.

The report, along with our check #5165, dated 4/21/99, in the amount of \$150, was submitted by mail. We are enclosing a copies of the original report and voucher portion of our check. Also submitted to you at the same time were documents for the following:

DOCUMENT #	CORPORATION NAME
P98000053232	JNM St. Augustine, Inc. 04/27
P97000058475	JNM Palm Valley, Inc. 04/27
V32841	Neighborhood Realty, Inc. 04/27
P94000062716	J.N.M. Times Square, Inc. 04/27

Check #5165 has not yet cleared our account, and we are concerned that the packet perhaps was misplaced in your office.

Will you please review and let us hear from you as soon as possible?

Thank you for your consideration.

Sincerely,


James N. McGarvey, Jr.

enclosures