FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073436 (2)

PROACTIVE ASSOCIATION MANAGEMENT INC.

Mailing Address

FILED Apr 15 1998 8:00am Secretary of State



THICIPALLIAC	Co of bosiness	Mailing Address				
201 OAK PO		201 OAK POINT LANE				
PONTE VEDR	RA BEACH FL 32082	PONTE VEDRA BEACH FL	32082		DO NOT WRITE IN TH	IO ODACE
						IS SPACE
					3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address			08/22/1997 4. FEI Number	Applied For
	recutive liber	26 200 Exce	. 430	· WALL	59-3463838	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	W/101	- way	J-1-570556	Not Applicable
22 Ste.	206	27 Ste 206	>	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Cont	re Vedra, FL	28 Ponte Vedr	a Fi		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	¥ ~ ^	8. This corporation owes or has paid the	currept year intangible
84 OP ()	5 25		30 4	<u> 154</u>	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent		· T · · ·	10. Name and Address of New Registere	ed Agent
	EENSON, GEORGE		81	Name		
201 OAK POINT LANE				82 Street Address (P.O. Box Number is Not Acceptable)		
PONTE VEDRA BEACH FL 32082						
			83	* [
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the abov	/e-named.co		
office or r	registered agent, or both, in the State of	f Florida Such change was au	uthorized b	y the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
agent. Lam tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable (NOTE:	Begistered Ac	ent signature regu	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE		☐ DEL€TE	1.1 TITLE	<	Secretary/Traggues	Change Addition
NAME			1.2 NAME	-	Debora Steenson	_ , ;
STREET ADDRESS			1.3 STREE	T ADDRESS	200 Executive May	Ste 206
CITY-ST-ZIP			1.4 CiTY-		Poute sledno El	22082
TITLE		DELETE	21 TITLE	-	Dhanida to	☐ Change ☐ Addition
NAME			2.2 NAME		Grown Elarosch	
STREET ADDRESS				T ADDRESS		Ste 206
CITY-ST-ZIP			2. 4 CITY -		Protes Code a El	33087
TITLE		☐ DELETE	3.1 TITLE	31-211	tente vanta '	Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP						
TITLE	<u></u>	DELETE	3.4. CITY- 4.1 TITLE	31-20r		Change Addition
NAME		Precie	4. 2 NAME			C orango C Montain
STREET ADDRESS				T ADDRESS		
			1	ŀ		
CITY-ST-ZIP TITLE		☐ DELET e	4.4 CITY - : 5.1 TITLE	D1 - ZIF		☐ Change ☐ Addition
NAME		perene				
			5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-1	SI-ZIP		Change 14-39:
TITLE		☐ nereie	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	and the that the information and the	Abia fittina alama a a a a a a a a a a	6.4 CITY-5		D1	
14. I nere by c	erury that the information supplied with	this filing does not qualify for	ine exemp	ation stated in	n Section 119.07(3)(i), Florida Statutes. I further	certity that the information

14. 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.

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