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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073436

1. Corporation Name

PROACTIVE ASSOCIATION MANAGEMENT INC.

FILED	
Mar 04, 1999 8:00 am	1
Secretary of State	
•	

03-04-1999 90060 025 ***150.00



Principal Place	of Business	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •
220 EXECUTIVE WAY 200 EXECUTIVE WAY STE 206 STE 306			102			DO NOT WRIT	E IN THIS	SPACE	
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32 US US						3. Date Incorporated or Qualifed		<u> </u>	
03		00				08/22/1997			
2 Principal Pl	ace of Business	2a. Mailing Address	_			4. FEI Number		A	pplied For
 1	ace of Dasiness	26				59-3463838		N	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	.,, 0.00	27				5. Certifcate of Status Desired		Fee R	Required
City & State	3	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curre	nt year Inta	_=_	
24	25	29 30)			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		24		10. Name and Address of New R	egistered .	Agent	
OTE:	NSON, GEORGE			81	Name				
	OAK POINT LANE		ŀ	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	TE VEDRA BEACH FL 32082								
FON	TE VEDRA BEACH FE 32002			83					
			}	84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
				L_L	 :		FL	, <u> </u>	ro registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on the familiar with, and accept the obligat	of Florida. Such change was auth	nonzed	DV tr	named corpo ne corporation	ration submits this statement for the n's board of directors. I hereby accep	t the appoi	ntment as r	egistered
SIGNATURE									
	Signature, typed or printed name of registered agent	t did the it approach.		Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE AL	ID DIRECT	OPS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	TOERS AN	Change	
TITLE	ST CTEENCEON DEPORA	□ prreir							_
NAME	STEENSEON, DEBORA 200 EXECUTIVE WAY, STE 206		1.2 NA		1000500				
STREET ADDRESS	-	· ·	1		ADDRESS				
CITY-ST-ZIP	PONTE VEDRA FL 32082	□ DELETE	2.1 TIT	TY-ST-	ZIP	-		☐ Change	Addition
TITLE	steenson, george	□ percie	2.2 NA						_
NAME	200 EXECUTIVE WAY, STE 206				ADDRESS				
STREET ADDRESS	PONTE VEDRA FL 32082								
CITY-ST-ZIP	FUNTE VEDRA FL 32002	☐ DELETE	3.1 TIT	TY-ST-	-219			Change	Addition
TITLE			3.2 NA						_
NAME STREET ADDRESS			1		ADDRESS I				~
i				ITY-ST-					1
CITY-ST-ZIP	<u> </u>	DELETE	4.1 TIT			<u> </u>		Change	Addition
NAME.			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REETA	ADDRESS				}
CITY-ST-ZIP				TY-ST-					
TITLE		☐ DELETE	5.1 T/T					☐ Change	Addition
NAME			5.2 NA	ME					ļ
STREET ADDRESS			5.3 ST	REETA	ADDRESS				İ
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP			 	
TITLE		☐ DELETE	6.1 TIT	TLE			-	☐ Change	Addition
NAME			6.2 NA	AME.					J
STREET ADDRESS			63 ST	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CF	TY-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:

CITY-ST-ZIP