

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N50601 (6)**  
 1. Corporation Name  
**OAKBREEZE COVE OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**% J & M ASSOCIATES, INC.** **% J & M ASSOCIATES, INC.**  
**1503 OAK STREET** **1503 OAK STREET**  
**JACKSONVILLE FL 32204** **JACKSONVILLE FL 32204-3910**

3. Date Incorporated or Qualified **08/27/1992** 3a. Date of Last Report **05/01/1996**  
 4. FEI Number **59-3143300** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 25 29 30

9. Name and Address of Current Registered Agent  
**J & M ASSOCIATES, INC.**  
**1503 OAK STREET**  
**JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<del>GALAN, DAVID</del>	
STREET ADDRESS	<del>1703 OAKBREEZE LANE</del>	
CITY-ST-ZIP	<del>JACKSONVILLE BCH FL</del>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GRIFFITH, MARY PAT	
STREET ADDRESS	217 EVANS DRIVE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	<del>OBERHEU, JOHN</del>	
STREET ADDRESS	<del>223 EVANS DR</del>	
CITY-ST-ZIP	<del>JACKSONVILLE BCH FL</del>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MILLER, PAULA	
STREET ADDRESS	1737 OAKBREEZE LANE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBBS, DALE	
STREET ADDRESS	222 EVANS DRIVE	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bob Cummings	
1.3 STREET ADDRESS	1857 Evans Dr.S.	
1.4 CITY-ST-ZIP	JAX BCH, FL. 32266	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marianne Ferris	
3.3 STREET ADDRESS	1754 Oakbreeze Lane	
3.4 CITY-ST-ZIP	JAX BCH, FL. 32266	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)