


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90004 031 ****61.25

DOCUMENT # 755237

1. Entity Name
TOWNHOMES OF BIGTREE ASSOCIATION, INC.



Principal Place of Business
**P O BOX 56516
 JACKSONVILLE, FL 32241-6516 US**

Mailing Address
**P O BOX 56516
 JACKSONVILLE, FL 32241-6516 US**

40025360



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02142006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2068347

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VELASQUEZ, BEVERLY
 10450 BIG TERR CIR EAST
 JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name **EDWARD JOSEPH, M.D**

Street Address (P.O. Box Number is Not Acceptable)
10453 BIG TREE CIRCLE EAST

City **JACKSONVILLE** FL Zip Code **32257**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **EDWARD JOSEPH, M.D** DATE **3/2/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELASQUEZ, BEVERLY 10450 BIG TREE CIR EAST JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COMEAX, KATHLEEN 10392 BIGTREE CIRCLE WEST JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRADER, CARL 10441 BIGTREE CIR EAST JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINTRAUB, SHIRLWY 10428 BIGTREE CIR W JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, DIAN 10448 BIGTREE CIR W JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, VIRGINIA 10361 BIGTREE LANE JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPH, EDWARD M.D 10453 BIG TREE CIRCLE EAST JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ELIZABETH DAVIS 10493 BIG TREE CIRCLE EAST JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT THOMAS 10367 BIGTREE LANE JACKSONVILLE FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND ELLIS 10437 BIG TREE CIRCLE WEST JACKSONVILLE, FL 32257	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **3/3/06** PHONE **904-260-7801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR