
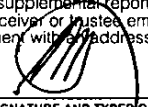


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90411 038 ****61.25

DOCUMENT # 760099 1. Entity Name THE AVENUES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2909 ST JOHNS AVENUE JACKSONVILLE, FL 32205 US			Mailing Address 8641 BAYPINE RD. SUITE 1 JACKSONVILLE, FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2151723	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent--				7. Name and Address of New Registered Agent --	
PROPERTY SERVICES, INC. 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S HANNA, KAREN <input type="checkbox"/> Delete		TITLE	D. Gary Holmes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANNA, KAREN		NAME	Gary Holmes	
STREET ADDRESS	2909 ST JOHNS AVE C-24		STREET ADDRESS	2909 St Johns Ave B19	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	PD BENJAMIN, VERA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENJAMIN, VERA		NAME		
STREET ADDRESS	2909 ST JOHNS AVE B-15		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	VPD DUCAT, JANET <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUCAT, JANET		NAME		
STREET ADDRESS	2909 ST JOHNS AVE #B-17		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	D KEGEL, MIKE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEGEL, MIKE		NAME		
STREET ADDRESS	2909 ST JOHNS AVE C27		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	D GLASS, NORA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS, NORA		NAME		
STREET ADDRESS	2909 ST JOHNS AVE A4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 my address, with all other like empowered.					
SIGNATURE:  S.W. Register, Jr. 4/26/06 904.731.9500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					