

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001913

FILED
Jan 15, 2009
Secretary of State

Entity Name: PARKER PLACE HOMEOWNERS ASSOCIATION OF DUVAL COUNTY, INC.

Current Principal Place of Business:

7474 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

7400 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256 US

Current Mailing Address:

7474 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256 US

New Mailing Address:

7400 BAYMEADOWS WAY, SUITE 317
JACKSONVILLE, FL 32256 US

FEI Number: 56-2475610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANG. CONCEPTS OF JAX., INC.
7400 BAYMEADOWS WAY SUITE 317
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STOKES, E. CHESTER JR
Address: 4315 PABLO OAKS COURT STE 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: DV () Delete
Name: PUTNAL, JAMES E
Address: 4315 PABLO OAKS COURT STE 1
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT STE 1
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOODEN, GEORGE
Address: 11995 CHERRY CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Change () Addition
Name: GIBSON, JOHN SR.
Address: 12015 MISSION CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change () Addition
Name: TURPIN, LORENZO
Address: 11961 CHESTER CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRA RANDOLPH

CAM

01/15/2009

Electronic Signature of Signing Officer or Director

Date