


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/9/2006-90166-015-\$61.25-\$61.25

DOCUMENT # N05000002360 1. Entity Name THE SEASONS ON PARK AVENUE CONDOMINIUM ASSOCIATION, INC.			FILED 06 MAR 29 11 08 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1357 W BEAVER STREET JACKSONVILLE, FL 32209		Mailing Address 1357 W BEAVER STREET JACKSONVILLE, FL 32209	
2. Principal Place of Business Suite, Apt. #, etc. c/o Awakenings Assoc. Mgmt., Inc 4213 County Road 218		4. FEI Number 01122006 Chg-NP CR2E037 (11/05)	
City & State Suite 1 Middleburg, Florida 32068		Applied For <input type="checkbox"/> Not Applicable	
Zip 32068		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUPP, CHARLES O 1357 W BEAVER STREET JACKSONVILLE, FL 32209		7. Name and Address of New Registered Agent Name VINA DELCOMYN Street Address (P.O. Box Number is Not Acceptable) 4213 County Road 218 Suite 1 City Middleburg FL Zip Code 32068	
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 obligation of, registered agent.			
SIGNATURE <i>Vina C. Delcomyn</i> VINA C. DELCOMYN		DATE 4/14/06	
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 PD NAME RAY, DAVID <input checked="" type="checkbox"/> Delete STREET ADDRESS 1357 W BEAVER STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	TITLE PD NAME RAY, DAVID <input checked="" type="checkbox"/> Delete STREET ADDRESS 1357 W BEAVER STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	TITLE PMS NAME LOUIS A BLESSI <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1800 Park Ave Unit 227 CITY-ST-ZIP Orange Park FL 32073	TITLE VP NAME Russell DuSauto <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1800 Park Ave #546 CITY-ST-ZIP Orange Park, FL 32073
TITLE VD NAME CHUPP, CARRIE <input checked="" type="checkbox"/> Delete STREET ADDRESS 1357 W BEAVER STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	TITLE STD NAME COX, SHERRI <input checked="" type="checkbox"/> Delete STREET ADDRESS 1357 W BEAVER STREET CITY-ST-ZIP JACKSONVILLE, FL 32209	TITLE ST NAME BRACH SPERRY #471 <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1800 Park Ave #471 CITY-ST-ZIP Orange Park FL 32073	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 an address, with all other like empowered.			
SIGNATURE: <i>Louis A Blessi</i>		Date _____ Daytime Phone # _____	