


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000002360

1. Entity Name
THE SEASONS ON PARK AVENUE CONDOMINIUM ASSOCIATION, INC.



FILED
 06 NOV 16 PM 2:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O AWAKENINGS ASSOC. MGMT., INC.
 4213 COUNTY ROAD 218, SUITE 1
 MIDDLEBURG, FL 32068**

Mailing Address
**C/O AWAKENINGS ASSOC. MGMT., INC.
 4213 COUNTY ROAD 218, SUITE 1
 MIDDLEBURG, FL 32068**



2. Principal Place of Business
**786 Blanding Blvd
 Suite, Apt. #, etc. Suite 118**

3. Mailing Address
**786 Blanding Blvd
 Suite, Apt. #, etc. Suite 118**

10182006 Chg-NP CR2E037 (4/06)

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip
32065

Country
USA

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**DELCOMYN, VINA
 4213 COUNTY ROAD 218
 SUITE 1
 MIDDLEBURG, FL 32068**

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


7. Name and Address of New Registered Agent

Name **ALAN PERRY**

Street Address (P.O. Box Number is Not Acceptable)
786 Blanding Blvd, Ste 118

City **ORANGE PARK** FL Zip Code **32065**

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.

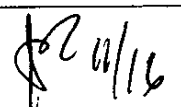
SIGNATURE  **ALAN PERRY** DATE **1/20/06**

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

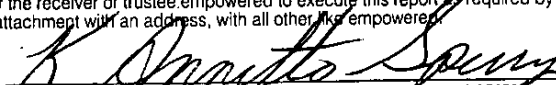
Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P BRESSI, LOUIS P 1800 PARK AVENUE, UNIT 227 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081826912 11/16/06--01009--007 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESALVO, RUSSELL 1800 PARK AVENUE, #346 ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Theresa Ruffian 1800 Park Ave # 485 Orange Park FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPERRY, ANNETTE 1800 PARK AVENUE, #471 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	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 persons empowered.

SIGNATURE:  DATE **10-19-06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR