



FILED
Jun 07, 2007 8:00 am
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

05-15-2007 90007 029 ****70.00

DOCUMENT # N05000002360			
1. Entity Name THE SEASONS ON PARK AVENUE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065		Mailing Address 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRY, ALAN 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P BRESSI, LOUIS P 1800 PARK AVENUE, UNIT 227 ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Danielle Boston 1800 PARK AVE # 228 ORANGE PARK FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFFIAN, THERESA 1800 PARK AVENUE, #485 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	S <input checked="" 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	T Elvira Mathieu 1800 PARK AVE #465 ORANGE PARK FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eddy Mathieu 1800 PARK AVE #465 ORANGE PARK FL 32073 <input type="checkbox"/> Change <input checked="" 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
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 empowerd.			
SIGNATURE: <i>Katherine Annette Sperry</i>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

58-111076



01042007 Chg-NP CR2E037 (12/06)