

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010472

FILED
Apr 23, 2009
Secretary of State

Entity Name: PARK VILLAS AT SAN MARCO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

50 N. LAURA ST., SUITE 2500
STE. 1100
JACKSONVILLE, FL 32202

New Principal Place of Business:

50 NORTH LAURA STREET
SUITE 1100
JACKSONVILLE, FL 32202

Current Mailing Address:

50 N. LAURA ST., SUITE 2500
STE. 1100
JACKSONVILLE, FL 32202

New Mailing Address:

50 NORTH LAURA STREET
SUITE 1100
JACKSONVILLE, FL 32202

FEI Number: 20-3794144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, TERRY A
50 N. LAURA ST.,
STE. 1100
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MOORE, TERRY A
50 NORTH LAURA STREET
SUITE 1100
JACKSONVILLE, FL 32202 US

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: _____

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, TERRY A
Address: 50 N. LAURA ST, STE. 1100
City-St-Zip: JACKSONVILLE, FL 32202

Title: STD () Delete
Name: FROST, HOPE
Address: 50 N. LAURA ST, STE. 1100
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD () Delete
Name: THAKKAR, COLIN
Address: 5435 DIAZ PLACE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOORE, TERRY A
Address: 50 NORTH LAURA STREET, SUITE 1100
City-St-Zip: JACKSONVILLE, FL 32202

Title: STD (X) Change () Addition
Name: FROST, HOPE
Address: 50 NORTH LAURA STREET, SUITE 1100
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERRY A. MOORE

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date