# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# N08000004964

**Entity Name:** 6278 DUPONT STATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6278 DUPONT STATION CT., STE. 1
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6278 DUPONT STATION CT., STE. 1
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number: 26-3241105** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRICE, CHARLES
6278 DUPONT STATION CT., STE. 1
JACKSONVILLE, FL 32217 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: DS ( ) Delete
Name: PRICE, CHARLES
Address: 6260 DUPONT STATION CT., STE. D
City-St-Zip: JACKSONVILLE, FL 32217

Title: DP ( ) Delete
Name: CRENSHAW, ROBERT
Address: 6278 DUPONT STATION CT., STE. 2
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: PRICE, SAM
Address: 6260 DUPONT STATION CT., STE. D
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP ( ) Delete
Name: WILLIAMS, MARK
Address: 6278 DUPONT STATION CT., STE. 1
City-St-Zip: JACKSONVILLE, FL 32217

Title: T ( ) Delete
Name: POLLITT, FRED
Address: 6278 DUPONT STATION CT., STE. 1
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition
Name: PRICE, CHARLES
Address: 6278 DUPONT STATION CT., STE. ONE
City-St-Zip: JACKSONVILLE, FL 32217

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

Title: D (X) Change ( ) Addition
Name: PRICE, SAM
Address: 6278 DUPONT STATION CT., STE. ONE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP (X) Change ( ) Addition
Name: WILLIAMS, MARK
Address: 6278 DUPONT STATION CT., STE. 2
City-St-Zip: JACKSONVILLE, FL 32217

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: CHARLES PRICE DS 01/14/2009

Electronic Signature of Signing Officer or Director — Date