

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26880

FILED  
Apr 22, 2005  
Secretary of State

**Entity Name:** ORANGE PARK COUNTRY CLUB OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 782  
ORANGE PARK, FL 320670782

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 782  
ORANGE PARK, FL 320670782

**New Mailing Address:**

4200 MARSH LANDING BLVD.  
SUITE 200  
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-2987832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEEKIN, T. GEOFFREY ESQ  
ONE INDEPENDENT DRIVE  
STE. 2200  
JACKSONVILLE, FL 32202 US

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

LOVELAND, STEPHEN C  
4200 MARSH LANDING BLVD.  
SUITE 200  
JACKSONVILLE BEACH, FL 32250 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: STEPHEN C. LOVELAND

04/22/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KNAFELC, FRANK  
Address: 531 SUGAR GROVE PLACE  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD ( ) Delete  
Name: GROENERT, GERI  
Address: 578 GOLDEN LINKS DR.  
City-St-Zip: ORANGE PARK, FL 32073

Title: SD ( ) Delete  
Name: BARFIELD, TERENCE  
Address: 2734 COUNTRY CLUB BLVD.  
City-St-Zip: ORANGE PARK, FL 32073

Title: TD ( ) Delete  
Name: KENNEDY, DARLYNN  
Address: 550 GOLDEN LINKS DR.  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: LAWTON, CHRISTINA  
Address: 525 SUGAR GROVE PLACE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: OTOCKA, EDWARD  
Address: 3001 COUNTRY CLUB BLVD.  
City-St-Zip: ORANGE PARK, FL 32073

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

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANK KNAFELC

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date