

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90084 022 ****61.25

DOCUMENT # N03000005421					
1. Entity Name NORTHSTAR OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ASSOC MGMT OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082			Mailing Address ASSOC MGMT OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business 3100 University Blvd. South Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL Zip 32216 Country USA		3. Mailing Address 3100 University Blvd. South Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL Zip 32216 Country USA		40053355 	
4. FEI Number 20-0904198				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONNOLLY, C P ASSOC MGMT OF PONTE VEDRA INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name <u>James Holt</u> Street Address (P.O. Box Number is Not Acceptable) 3100 University Blvd. South Suite 200 City <u>Jacksonville</u> FL Zip Code <u>32216</u>		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>4/16/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006		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	PTD REGISTER, WILLIAM P SR. 13171 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	mvs James Holt 3100 University Blvd. South, Suite 200 Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD NEGAARD, BRAD J 6054 ARLINGTON EXPRESSWAY #8 JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD Jordan Clarkson 905 North 2nd Street, Unit G Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD REGISTER, CAROLYN 13171 ATLANTIC BOULEVARD JACKSONVILLE, FL 32225 <input checked="" 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	
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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 empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/16/06</u> Daytime Phone # <u>904-351-0045</u>		