

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009676

1. Entity Name
1661 RIVERSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1021 OAK STREET
JACKSONVILLE, FL 32204

Mailing Address
1021 OAK STREET
JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-2759092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP
1 INDEPENDENT DR SUITE 1300
JACKSONVILLE, FL 32202-5017

**DO NOT WRITE
IN THIS SPACE**

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

W. C. Smith

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GULLIFORD, WILLIAM I III
STREET ADDRESS 1021 OAK STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE VD
NAME PARHAM, WILLIAM H
STREET ADDRESS 1021 OAK STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE DST
NAME GABREE, BRIAN
STREET ADDRESS 1021 OAK STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

W. C. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

(904) 384-6260

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

000000524727
05/04/06-80001-025 61.25