

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90192 012 ****61.25

DOCUMENT # N03000001913

1. Entity Name
PARKER PLACE HOMEOWNERS ASSOCIATION OF
DUVAL COUNTY, INC.



Principal Place of Business
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224

Mailing Address
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224

50019289



03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
13119 Professional Dr.
Suite, Apt. #, etc.
Suite 200A
City & State
Jacksonville, FL
Zip
32225
Country
Duval

3. Mailing Address
13119 Professional Dr.
Suite, Apt. #, etc.
Suite 200A
City & State
Jacksonville, FL
Zip
32225
Country
Duval

4. FEI Number
56-2475610
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PUTNAL, JAMES E
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name
Linda F. Traylor
Street Address (P.O. Box Number is Not Acceptable)
13119 Professional Dr, Suite 200A
City
Jacksonville FL Zip Code
32225

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 *Linda F. Traylor*
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-7-06
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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
STOKES, E. CHESTER JR
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PUTNAL, JAMES E
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FREDENHAGEN, SHARON W
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *James E. Putnal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06
Date

Daytime Phone #