

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005421

1. Entity Name
**NORTHSTAR OF JACKSONVILLE BEACH CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3100 UNIVERSITY BOULEVARD SOUTH
SUITE 200
JACKSONVILLE, FL 32216 US**

Mailing Address
**3100 UNIVERSITY BOULEVARD SOUTH
SUITE 200
JACKSONVILLE, FL 32216 US**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0904198

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLT, JAMES
3100 UNIVERSITY BOULEVARD SOUTH
SUITE 200
JACKSONVILLE, FL 32216**

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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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000578858
01/09/07-80045-024 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
REGISTER, WILLIAM P SR.
13171 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MVS
HOLT, JAMES
3100 UNIVERSITY BOULEVARD SOUTH #200
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
CLARKSON, JORDAN
905 NORTH 2ND STREET SUITE G
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #