


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90030 004 ****61.25

DOCUMENT # N03000001913					
1. Entity Name PARKER PLACE HOMEOWNERS ASSOCIATION OF DUVAL COUNTY, INC.					
Principal Place of Business 13119 PROFESSIONAL DR., STE 200A JACKSONVILLE, FL 32225 US			Mailing Address 13119 PROFESSIONAL DR., STE 200A JACKSONVILLE, FL 32225 US		
2. Principal Place of Business - No P.O. Box # 9191 R.G. SKINNER PKWY		3. Mailing Address 9191 R.G. SKINNER PKWY			
Suite, Apt. #, etc. 602		Suite, Apt. #, etc. 602			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 56-2475610	
Zip 32256		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent TRAYLOR, LINDA F 13119 PROFESSIONAL DR., STE 200A JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9191 R.G. SKINNER PARKWAY, SUITE 602 City JACKSONVILLE FL Zip Code 32256		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP STOKES, E. CHESTER JR 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PUTNAL, JAMES E 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: Linda F. Traylor CAM		4-26-08		(904) 221-8070	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
manager for Parker Place					