

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000004757

1. Entity Name
DRAYTON PLACE OWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 PM 3:09

Principal Place of Business
12620-3 BEACH BLVD
PMB 316
JACKSONVILLE, FL 32246 US

Mailing Address
12620-3 BEACH BLVD
PMB 316
JACKSONVILLE, FL 32246 US



2. Principal Place of Business - No P.O. Box #
786 Blaney Hwy Blvd
Suite, Apt. #, etc.
ste 118

3. Mailing Address
786 Blaney Hwy Blvd
Suite, Apt. #, etc.
ste 118

04102008 Chg-NP CR2E037 (12/06)

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip
32065

Country
USA

Zip
32065

Country
USA

4. FEI Number
59-3425853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PEARCE, JEFFREY SECRETA
12620-3 BEACH BLVD
PMB 316
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent
Name
Alan Perry
Street Address (P.O. Box Number is Not Acceptable)
786 Blaney Hwy Blvd, Ste 118
City
Orange Park FL Zip Code
32065

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 reinstating)
ALAN PERRY
DATE
10/4/08

Amended AR is \$61.25

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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|--|---|--|--|---|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VAN, RONALD J PRESIDE 4248 RIPKEN CIRCLE EAST JACKSONVILLE, FL 32224 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500128777055 05/07/08--01041--011 **70.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRADFORD, JOHN VICEPRE 12246 GEHRIG DRIVE JACKSONVILLE, FL 32224 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP DAN SANTANA 12167 Bay Blvd Ct. JACKSONVILLE, FL 32224 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FISHBURNE, THERESA TRES 4280 RIPKEN CIRCLE WEST JACKSONVILLE, FL 32224 | <input 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 | S PEARCE, JEFFREY SECRETA 4281 RIPKEN CIRCLE WEST JACKSONVILLE, FL 32224 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | B 4/18/09 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MBR CHAPMAN, ROBERT BMBR 12245 GEHRIG DRIVE JACKSONVILLE, FL 32224 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cheryl Cooper 12134 Mantle Dr JACKSONVILLE, FL 32224 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MBR TAYLOR, SANDY BMBR 12177 MANTLE DRIVE JACKSONVILLE, FL 32224 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Terri S. Green 12267 Mantle Dr JACKSONVILLE, FL 32224 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
4-16-08
DAYTIME PHONE #
904-322-9685