

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001913

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

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC8022199655**

**Current Principal Place of Business:**

10592 BALMORAL CIRCLE EAST  
SUITE 7  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

10592 BALMORAL CIRCLE EAST  
SUITE 7  
JACKSONVILLE, FL 32218 US

**FEI Number: 56-2475610**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

J&L MANAGEMENT OF NORTH FL, INC  
10592 BALMORAL CIRCLE EAST  
SUITE 7  
JACKSONVILLE, FL 32218 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CODY, ADRIAN L  
Address 10592 BALMORAL CIRCLE EAST  
SUITE 7  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name GIBSON, BARBARA  
Address 10592 BALMORAL CIRCLE EAST  
SUITE 7  
City-State-Zip: JACKSONVILLE FL 32218

Title OFFICER  
Name WATKINS, LENORD  
Address 10592 BALMORAL CIRCLE EAST  
SUITE 7  
City-State-Zip: JACKSONVILLE FL 32218

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ADRIAN CODY**

**PRESIDENT**

**01/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date