

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010868

Entity Name: MIDTOWNE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6620 SOUTHPOINT DR S
SUITE 610
JACKSONVILLE, FL 32216**Current Mailing Address:**6620 SOUTHPOINT DR S
SUITE 610
JACKSONVILLE, FL 32216 US**FEI Number:** 20-5745337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCABE, MICHAEL J
1400 PRUDENTIAL DRIVE
SUITE 5
JACKSONVILLE, FL 32207 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:** MICHAEL MCCABE

04/01/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name RUDDARRAJU, VISHWANATH
Address 6620 SOUTHPOINT DR S
 SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title VP
Name HENRY, MATT
Address 6620 SOUTHPOINT DRIVE SOUTH
 SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title S
Name FOREMAN, TANYA
Address 6620 SOUTHPOINT DRIVE SOUTH
 SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title P
Name WILLIAMS, ROBERT
Address 6620 SOUTHPOINT DRIVE SOUTH
 SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

Title D
Name NANNAPANENI, SRINI
Address 6620 SOUTHPOINT DR S
 SUITE 610
City-State-Zip: JACKSONVILLE FL 32216

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: ROBERT WILLIAMS

PRESIDENT

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date