## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004964

Entity Name: 6278 DUPONT STATION CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 20, 2015
Secretary of State
CC7328931216

## **Current Principal Place of Business:**

6278 DUPONT STATION CT., STE. 1 JACKSONVILLE, FL 32217

## **Current Mailing Address:**

6278 DUPONT STATION CT., STE. 1 JACKSONVILLE, FL 32217

FEI Number: 26-3241105 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PRICE, CHARLES 6278 DUPONT STATION CT., STE. 1 JACKSONVILLE, FL 32217 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 DS Title DP

Name PRICE, CHARLES Name CRENSHAW, ROBERT

Address 6278 DUPONT STATION CT., STE. Address 6278 DUPONT STATION CT., STE. 2

ONE City-State-Zip: JACKSONVILLE FL 32217

City-State-Zip: JACKSONVILLE FL 32217

Title VP
Name WII

Name WILLIAMS, MARK
Name PRICE, SAM

Address 6278 DUPONT STATION CT., STE. 2

Address 6278 DUPONT STATION CT., STE. 2

ONE City-State-Zip: JACKSONVILLE FL 32217

Title T

City-State-Zip:

Name POLLITT, FRED

Address 6278 DUPONT STATION CT., STE. 1

JACKSONVILLE FL 32217

City-State-Zip: JACKSONVILLE FL 32217

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.

D

SIGNATURE: CHARLES PRICE

Electronic Signature of Signing Officer/Director Detail

01/20/2015

Date