

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004964

Entity Name: 6278 DUPONT STATION CONDOMINIUM ASSOCIATION, INC.**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
Name	PRICE, CHARLES
Address	6278 DUPONT STATION CT., STE. ONE
City-State-Zip:	JACKSONVILLE FL 32217

Title	D
Name	PRICE, SAM
Address	6278 DUPONT STATION CT., STE. ONE
City-State-Zip:	JACKSONVILLE FL 32217

Title	T
Name	POLLITT, FRED
Address	6278 DUPONT STATION CT., STE. 1
City-State-Zip:	JACKSONVILLE FL 32217

Title	DP
Name	CRENSHAW, ROBERT
Address	6278 DUPONT STATION CT., STE. 2
City-State-Zip:	JACKSONVILLE FL 32217

Title	VP
Name	WILLIAMS, MARK
Address	6278 DUPONT STATION CT., STE. 2
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.

SIGNATURE: CHARLES PRICE

DS

02/05/2016

Electronic Signature of Signing Officer/Director Detail_____
Date