## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006782

Entity Name: JAMES ISLAND HOMEOWNERS ASSOCIATION OF

JACKSONVILLE, INC.

**Current Principal Place of Business:** 

C/O MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC 6960 BONNEVAL ROAD SUITE 302

JACKSONVILLE, FL 32216

## **Current Mailing Address:**

C/O MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC 6960 BONNEVAL ROAD SUITE 302 JACKSONVILLE, FL 32216 US

FEI Number: 59-3546708 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC 6960 BONNEVAL ROAD SUITE 302 JACKSONVILLE. FL 32216 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: KIM BALASKIEWICZ 01/21/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

NameTIRYAKIOGLU, MURATNameFERNANDEZ, DEBBIEAddress6960 BONNEVAL ROADAddress6960 BONNEVAL ROAD

SUITE 302 SUITE 302

City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY Title TREASURER

Name SPICER, JENNIFER Name WOODCOCK, BRAD

Address 6960 BONNEVAL ROAD Address 6960 BONNEVAL ROAD

SUITE 302 Address 6900 BONNEVAL ROAD Address 6900 BONNEVAL ROAD SUITE 302

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City-State-Zip: JACKSONVILLE FL 32216 City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR

Name MCVEIGH, CARRINGTON
Address 6960 BONNEVAL ROAD

SUITE 302

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: BRAD WOODCOCK TREASURER 01/21/2019

FILED Jan 21, 2019

**Secretary of State** 

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