

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90411 042 \*\*\*\*61.25

<b>DOCUMENT # 753990</b> 1. Entity Name <b>THE SAN JULINE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1621 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 US</b>			Mailing Address <b>8641 BAY PINE RD SUITE 1 JACKSONVILLE, FL 32256 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03292006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2331811</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PROPERTY SERVICES, INC. 8641 BAY PINE RD SUITE 1 JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KELLEY, ANN</b> <b>1621 RIVERSIDE AVE #5</b> <b>JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <b>Ann Kelley</b> <b>1621 Riverside Ave.</b> <b>Jacksonville FL 32204</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>JARRETT, LYNN</b> <b>1631 RIVERSIDE AVENUE</b> <b>JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <b>Lynn Jarrett</b> <b>1631 Riverside Ave</b> <b>Jacksonville FL 32204</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>WILSON, BRIANA</b> <b>1623 RIVERSIDE AVE</b> <b>JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <b>Brianna Wilson</b> <b>1623 Riverside Ave</b> <b>Jacksonville FL 32204</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SIMPSON, SCOTT</b> <b>1627 RIVERSIDE AVENUE</b> <b>JACKSONVILLE, FL 32204</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <b>Scott Simpson</b> <b>1627 Riverside Ave</b> <b>Jacksonville FL 32204</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FERGUSON, JULIE</b> <b>1635 RIVERSIDE AVE</b> <b>JACKSONVILLE, FL 32204</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Linda Morgan</b> <b>314 3rd Street</b> <b>Atlantic Beach FL 32233</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>John Montgomery</b> <b>1619 Riverside Ave</b> <b>Jacksonville FL 32204</b>	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <b>S.W. Register, Jr.</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4/26/06</b> Daytime Phone # <b>904.731.9500</b>	