



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90072 008 \*\*\*\*61.25

<b>DOCUMENT # 760099</b> 1. Entity Name <b>THE AVENUES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2909 ST JOHNS AVENUE JACKSONVILLE, FL 32205 US</b>				Mailing Address <b>8641 BAYPINE RD. SUITE 1 JACKSONVILLE, FL 32250</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2151723</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PROPERTY SERVICES, INC. 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete		TITLE	B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNA, KAREN		NAME	Hanna, Karen	
STREET ADDRESS	2909 ST JOHNS AVE C-24		STREET ADDRESS	2909 St. Johns Avenue C-24	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENJAMIN, VERA		NAME		
STREET ADDRESS	2909 ST JOHNS AVE B-15		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUCAT, JANET		NAME	Ducat, Janet	
STREET ADDRESS	2909 ST JOHNS AVE #B-17		STREET ADDRESS	P. O. Box 380017	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D <input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEGEL, MIKE		NAME	Sass, Maria	
STREET ADDRESS	2909 ST JOHNS AVE C27		STREET ADDRESS	2909 St. Johns Avenue A-14	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D <input type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLASS, NORA		NAME	Speight, Suzanne	
STREET ADDRESS	2909 ST JOHNS AVE A4		STREET ADDRESS	2909 St. Johns Avenue A-01	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMES, GARY		NAME	Holmes, Gary	
STREET ADDRESS	2909 ST JANNS AVE B19		STREET ADDRESS	2909 St. Johns Avenue B-19	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	Jacksonville, FL 32205	
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>Jennifer Presson</b> <b>3/26/07</b> <b>904 731-9500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					