

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90411 017 ****70.00

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1. Entity Name
FRANCES COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
PROFESSIONAL COMMUNITY MGT. INC.
786 BLANDING BLVD. # 118
ORANGE PARK, FL 32065 US

Mailing Address
PROFESSIONAL COMMUNITY MGT. INC.
786 BLANDING BLVD. # 118
ORANGE PARK, FL 32065 US

50008631



01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2388295

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAN PERRY
785 BLANDING BLVD. # 118
ORANGE PARK, FL 32065

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHARNECO, TONI	
STREET ADDRESS	3647 WESTOVER RD.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WOODROW, AMERSON	
STREET ADDRESS	2545 OAK ST # 16	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POGGIE, VICTOR	
STREET ADDRESS	2051 SUNSET RIVER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	POGGIE, YVONNE	
STREET ADDRESS	2545 OAK ST #11	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Combs	
STREET ADDRESS	2545 Oak St #16	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06

Date

Daytime Phone #