2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State
02-12-2008 90007 018 ****70.00

DOCUMENT # 764530

1. Entity Name
FRANCES COURT CONDOMINIUM ASSOCIATION, INC.

66003366

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

01242008 Chg-NP CR2E037 (12/06)

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 59-2388295 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALAN PERRY 785 BLANDING BLVD. # 118 ORANGE PARK, FL 32065	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CHARNECO, TONI ~~3647 WESTOVER RD~~ ~~ORANGE PARK, FL 32073~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1902 Salt Myrtle Ln. Fleming Island FL 32003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WOODROW, AMERSON 2545 OAK ST # 16 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS POGGIE, VICTOR 2051 SUNSET RIVER DR JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POGGIE, YVONNE 2545 OAK ST #11 JACKSONVILLE, FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMBS, PAUL 2545 OAK ST, # 6 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Jackie Wojcik 2545 Oak St #7 Jacksonville FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEISS, CLIFFORD 2545 OAK ST 13 JACKSONVILLE, FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Toni Charneco 3/8/08 904 278-9523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #