


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90045 016 ****61.25

DOCUMENT # 765957 1. Entity Name MAYPORT LANDING OWNERS ASSOCIATION, INC.	
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Principal Place of Business 920 THIRD ST SUITE C NEPTUNE BEACH, FL 32266 US	Mailing Address 920 THIRD ST SUITE C NEPTUNE BEACH, FL 32266 US
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DO NOT WRITE IN THIS SPACE

04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2317072	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKS, FRANCES C 920 THIRD ST SUITE C NEPTUNE BEACH, FL 32266

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IN THIS SPACE**

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)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANNON, JAMES L 9860 PRESTON TRAIL W PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, SID 708 14TH AVE SOUTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HECHT-STEVENS, STACEY 1197 SONG BIRD LN ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERA, RANDY 1226 W WOODWARD DR ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betsy Teske 2916 Bayshore Drive E. Atlantic Beach, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/16/07 <small>Date</small>	904-249-2322 <small>Daytime Phone #</small>
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