


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90008 034 ****61.25

DOCUMENT # 765957 1. Entity Name MAYPORT LANDING OWNERS ASSOCIATION, INC.					
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		
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	01102008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARKS, FRANCES C 920 THIRD ST SUITE C NEPTUNE BEACH, FL 32266				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANNON, JAMES L		NAME	John J. McGovern	
STREET ADDRESS	9860 PRESTON TRAIL W		STREET ADDRESS	P.O. Box 49118	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Jacksonville Beach, FL 32240	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, SID		NAME	William Beckerleg	
STREET ADDRESS	708 14TH AVE SOUTH		STREET ADDRESS	13986 Shipwreck Circle S.	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECHT-STEVENS, STACEY		NAME	MARTIN Hamm	
STREET ADDRESS	1197 SONG BIRD LN		STREET ADDRESS	108 Ocean Edge Drive	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVERA, RANDY		NAME	Kevin Stremmel	
STREET ADDRESS	12261 WONDERWOOD DR.		STREET ADDRESS	9570 Regency Square Blvd.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESKE, BETSY		NAME	Patrick McCormick	
STREET ADDRESS	2916 BAYSHORE DRIVE E		STREET ADDRESS	1620 Evans Drive	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 and an officer like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/22/08 904-249-2322 <small>Date Daytime Phone #</small>		