

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H95082

1. Entity Name
OLDE POINT PLAZA ASSOCIATION, INC.



Principal Place of Business

2747 BLANDING BLVD
102
MIDDLEBURG, FL 32068

Mailing Address

2747 BLANDING BLVD
102
MIDDLEBURG, FL 32068



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-3283366

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUINONEZ, SUZANNE C
2747 BLANDING BLVD
STE 102
MIDDLEBURG, FL 32068

**DO NOT WRITE
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

Signature of Officer or Director of Registered Agent and the Applicant

Signature of Registered Agent (required when registering)

DATE

1600000.00
01/06/06-01/06/06 020 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
QUINONEZ, SUZANNE C
2747 BLANDING BLVD STE 104
MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
ST
KUHN, MARIANNE
2747 BLANDING BLVD STE 109
MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
ST
JOYNER, PEGGY
2747 BLANDING BLVD STE 109
MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne C. Quinonez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 (904)282-6022
Date Date and Phone #