


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90030 014 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N01000002526</b>  |   |  |  |  |  |
| <b>1. Entity Name</b><br>THE PARKS AT THE CATHEDRAL HOMEOWNERS ASSOCIATION, INC.  |   |  |  |   |  |
| <b>Principal Place of Business</b><br>333 EAST CHURCH ST.<br>JACKSONVILLE, FL 32202   |   |  | <b>Mailing Address</b><br>333 EAST CHURCH ST.<br>JACKSONVILLE, FL 32202 US     |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>                                      |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>59-3712227  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |  | <b>7. Name and Address of New Registered Agent</b>                             |   |  |
| BALL, HAYWOOD M<br>50 NORTH LAURA ST.<br>STE. 2925<br>JACKSONVILLE, FL 32202  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |   |  |
|   |   |  | FL Zip Code  |   |  |
| <b>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.</b>  |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
|   |   |  |  | <b>Make check payable to Florida Department of State</b>                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | PD<br>RADLINSKI, GREGORY K<br>309 EAST CHURCH ST.<br>JACKSONVILLE, FL 32202 | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | TD<br>BALL, HAYWOOD M<br>317 EAST CHURCH ST.<br>JACKSONVILLE, FL 32202      | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | SD<br>PETERS, DOW W III<br>7021 SALAMONICA DR<br>JACKSONVILLE, FL 32217     | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | SD<br>JAMES B. ALLEN<br>338 EAST ASHLEY STREET<br>JACKSONVILLE, FLORIDA 32202     |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |   | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Haywood M. Ball</i>  |   |  | 1/4/06 (904) 354-8080  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date Daytime Phone #   |   |  |

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