2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007242

Entity Name: PAGE HILL OWNERS ASSOCIATION, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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463499 STATE ROAD 200 YULEE, FL 32097

Current Mailing Address: New Mailing Address:

PO BOX 1987 YULEE, FL 320411987

FEI Number: 59-3561180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POWELL, TERRELL J PROPERTY MANAGEMENT SYSTEMS INC 463499 STATE ROAD 200 463499 STATE ROAD 200 YULEE, FL 32097 US YULEE, FL 32097 US

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.

SIGNATURE: TERRELL J POWELL 04/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 P (X) Change () Addition

 Name:
 STEWART, CARL
 Name:
 LOMBARDI, RICHARD

 Address:
 1050 RIVERSIDE AVE
 Address:
 86786 WORTHINGTON

Address: 1050 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Address: 86786 WORTHINGTOI
City-St-Zip: YULEE, FL 32097

Title: P/D () Delete Title: S/T (X) Change () Addition Name: COLLEDGE, SHEP Name: GORALSKI, BONNIE

 Address:
 2575 COUNTY RD 220 STE 107
 Address:
 86512 WORTHINGTON DR

 City-St-Zip:
 DOCTORS INLET, FL 32068
 City-St-Zip:
 YULEE, FL 32097

Title: VP () Change (X) Addition

 Name:
 Name:
 BEREI, SANDRA

 Address:
 Address:
 861689 WORTHINGTON DR

 City-St-Zip:
 City-St-Zip:
 YULEE, FL 32097

Title: () Delete Title: D () Change (X) Addition

Name: BLISS, DAVID

 Address:
 Address:
 86621 WORTHINGTON DR

 City-St-Zip:
 City-St-Zip:
 YULEE, FL 32097

Oity-G-Zip. 10LLL, 1 L 32097

 Title:
 () Delete
 Title:
 D () Change (X) Addition

 Name:
 Name:
 POWELL, BARRY

 Address:
 Address:
 86016 GRAHAM CT

 City-St-Zip:
 YULEE, FL 32097

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD LOMBARDI P 04/26/2006