

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 015 ****61.25

DOCUMENT # N02000000368 1. Entity Name FLAGLER'S CROSSING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 447 ATLANTIC BLVD STE 1 ATLANTIC BEACH, FL 32233 US		Mailing Address 447 ATLANTIC BLVD STE 1 ATLANTIC BEACH, FL 32233 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 920 Third St. Suite C		Suite, Apt. #, etc. 920 Third St. Suite C	
City & State Neptune Beach, FL		City & State Neptune Beach, FL	
Zip 32266		Zip 32266	
Country USA		Country USA	
6. Name and Address of Current Registered Agent PARKS, FRANCES C 447 ATLANTIC BLVD STE 1 ATLANTIC BEACH, FL 32233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 920 Third Street Suite C City & State Neptune Beach FL Zip Code 32266	
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>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, MICHELE 116 THIRD AVE. SOUTH JACKSONVILLE BEACH, FL 32250	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BARBARA McClain 210 11th Ave. North #101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWEETING, SANDRA 201 10TH AVE #103 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRADLEY, JUANITA 201 10TH AVE. NORTH, #202 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>Sandra Sweeting Vice President</u> 3/28/06 904-249-2322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Sandra Sweeting BOD			

40042212



02062006 Chg-NP CR2E037 (11/05)

4. FEI Number
68-0489856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKS, FRANCES C
447 ATLANTIC BLVD STE 1
ATLANTIC BEACH, FL 32233

Name

Street Address (P.O. Box Number is Not Acceptable)

Neptune Beach

FL

Zip Code
32266

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CUMMINGS, MICHELE
116 THIRD AVE. SOUTH
JACKSONVILLE BEACH, FL 32250

Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BARBARA McClain
210 11th Ave. North #101
JACKSONVILLE BEACH, FL 32250

Change ☐ Addition ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SWEETING, SANDRA
201 10TH AVE #103
JACKSONVILLE BEACH, FL 32250

Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
BRADLEY, JUANITA
201 10TH AVE. NORTH, #202
JACKSONVILLE BEACH, FL 32250

Delete ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

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SIGNATURE:

Sandra Sweeting Vice President 3/28/06 904-249-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra Sweeting BOD