

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90121 032 ****61.25

DOCUMENT # N02000002918

1. Entity Name
CONIFER RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4213 CTY RD #218
STE 1
MIDDLEBURG, FL 32068**

Mailing Address
**4213 CTY RD #218
STE 1
MIDDLEBURG, FL 32068**



01122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
04-3749783

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

**DELCONIYN, VINA C
4213 CTY RD #218
STE 1
MIDDLEBURG, FL 32068**

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PT
NAME SLOAN, TIMOTHY ☒ Delete
STREET ADDRESS 12240 ELBLEM CRT
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE RD
NAME John Peterson ☐ Change ☒ Addition
STREET ADDRESS 1586 ELISA Drive
CITY-ST-ZIP Jacksonville Florida 32218

TITLE VD
NAME CRAWFORD, MICHAEL ☒ Delete
STREET ADDRESS 320 CORPORATE WAY, SUITE 350
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE VPD
NAME Calvin Reed ☐ Change ☒ Addition
STREET ADDRESS 1528 ELISA Drive
CITY-ST-ZIP Jacksonville FL 32218

TITLE SD
NAME CRAWFORD, JOHN D ☒ Delete
STREET ADDRESS 320 CORPORATE WAY, SUITE 350
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE SD
NAME Tameka Landry ☐ Change ☒ Addition
STREET ADDRESS 12263 DRIPT Ck
CITY-ST-ZIP Jacksonville FL 32218

TITLE D
NAME FLOYD, KIMBERLY B ☒ Delete
STREET ADDRESS 4744 PEPPERGRASS ST
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE TD
NAME Roxann Jones ☐ Change ☒ Addition
STREET ADDRESS 12277 ELISA Ct
CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Linda Baisden ☐ Change ☒ Addition
STREET ADDRESS 1625 ELISA Drive
CITY-ST-ZIP Jacksonville, FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

Date

904 443-3089

Daytime Phone #