

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 045 ****61.25

20006851



01162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2481197

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~PATRICIA ARENAS~~ **Becky Good**
10036 SAWGRASS DRIVE
SUITE 1
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name **Becky Good**
Street Address (P.O. Box Number is Not Acceptable)
10036 Sawgrass Drive, Suite 1
City **Ponte Vedra Beach** FL Zip Code **32082**

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

(NOTE: Registered Agent signature required when reinstating)

02/10/06
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, DONALD	
STREET ADDRESS	38 WALKER'S RIDGE	
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STACK, LOUIS	
STREET ADDRESS	17 WALKERS RIDGE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	28 WALKER'S RIDGE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARNOCK, LARRY	
STREET ADDRESS	10 WALKER'S RIDGE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAINE, ROBERT	
STREET ADDRESS	48 SOUTH NINE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06
Date

904-593-6101
Daytime Phone #