2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001832

1. Entity Name
DRAYTON PARK HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 23 AM 8:49

02/13/06 90036 006 # 61.25

02022006 Chg-NP CR2E037 (11/05)

Principal Place of Business	Mailing Address
~~7785 BAYMEADOWS WAY, SUITE 200~~ ~~JACKSONVILLE, FL 32256~~ 10036 Sawgrass Dr. W. #1 Ponte Vedra Bch, FL 32082	~~7785 BAYMEADOWS WAY, SUITE 200~~ ~~JACKSONVILLE, FL 32256~~ 10036 Sawgrass DR W. suite 1 Ponte Vedra Bch. FL 32082

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 58-2673336 ☐ 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
MARKS, ANNA MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KORALEWSKI, RICHARD 8434 TWISTED VINE CT. JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Clarence Evans 3240 Climbing Ivy Tr. Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JESSUP, COURTNEY 8424 THORNBUSH CT. JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ann Marie Collantes 3626 Twisted Tree Ln Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMP, RICHARD 8430 TWISTED VINE CT. JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Harris Dunn 11623 Lady Clare ct Jacksonville, FL 32257	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SOLANTA, HEATHER 3120 HOLLOW TREE CT. JACKSONVILLE, FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR Dinne Kirkland 8446 Twisted Vine Ct Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, LAUEN 3529 TWISTED TREE LN. JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Laura Griffin 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Clarence E. Evans 2-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Division Phone #