

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001832

FILED
Apr 09, 2009
Secretary of State

Entity Name: DRAYTON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MGMT
5455 A1A S
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

475 WEST TOWN PLACE
SUITE 112
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

C/O MAY MGMT
5455 A1A S
SAINT AUGUSTINE, FL 32080

New Mailing Address:

5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080

FEI Number: 58-2673336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, ANNA
MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SUITE 3
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTIN, NORA
Address: 8435 TWISTED VINE CT.
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV () Delete
Name: EVAN, CLARENCE
Address: 3240 CLIMBING IVY TRAIL
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT () Delete
Name: CARROLL, CRAIG
Address: 3558 TWISTE TREE LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: DS (X) Delete
Name: WATSON, COC
Address: 8485 CLIMBING IVY TR S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DD (X) Delete
Name: HARRIS, DUNN
Address: 11623 LADY CLARE CT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EVANS, CLARENCE
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: MARTIN, NORA
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ST (X) Change () Addition
Name: SUERO, EDWARD
Address: 5455 A1A SOUTH, SUITE 3
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CLARENCE EVANS

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date