2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90192 012 ****61.25

DOCUMENT # N03000001913

1. Entity Name
PARKER PLACE HOMEOWNERS ASSOCIATION OF DUVAL COUNTY, INC.

50019289

Principal Place of Business	Mailing Address
4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224	4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224

03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
13119 Professional Dr.	13119 Professional Dr.
Suite, Apt. #, etc. Suite 200A	Suite, Apt. #, etc. Suite 200A
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip / Country 32225 / Duval	Zip / Country 32225 / Duval

4. FEI Number
56-2475610
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUTNAL, JAMES E
4315 PABLO OAKS COURT STE 1
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name: Linda F. Traylor
Street Address (P.O. Box Number is Not Acceptable): 13119 Professional Dr, Suite 200A
City: Jacksonville **FL** Zip Code: 32225

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: Linda F Traylor 3-7-06
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STOKES, E. CHESTER JR 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PUTNAL, JAMES E 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT STE 1 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: James E Putnal 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #