## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90132 014 \*\*\*\*61.25



Entity Name OLD GAINSVILLE ROAD OWNERS ASSOCIATION, INC.									
920 THIRD STREET STE B 920			ailing Address 20 THIRD STREET STE B IEPTUNE BEACH, FL 32266		400-				
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03232006 <sub>CI</sub>	hg-NP	CR2E03	7 (11/05)	
City & State		City & State			4. FEI Number 56-240133	31			plied For t Applicable
Zìp	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add Fee Require	itional d
6.	egistered Agent			7. Name and Add	ress of New F	Registered A	lgent		
WALLACE, L DENISE				Name					
920 THIRD ST			Street .	Street Address (P.O. Box Number is Not Acceptable)					
			City					Zip Code	9
The above named entity submits this statement for the purpose of changing its registered.					red agent, or both, in	the State of Fi	FL korida. I am f		
the obligations o	of registered agent.								
SIGNATURE	urs, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent sign	sture required	when reinstating)		DATE		
	ng Fee is \$61.25 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 DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	ERS AND DIF	RECTORS IN	10
STREET ADDRESS 384	OWLES, MARK A 10 CROWN PT ROAD STE A CKSONVILLE, FL 32257	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mc( 254	Cloud, Ty 17 Carson ckosnville	rone F Oaks	Ďrive	☐ Change	Addition
STREET ADDRESS 384	LLAND, BEVERLY J 10 CROWN PT ROAD STE A CKSONVILLE, FL 32257	Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McF 256	Kinnon, L 52 Carson eksonvill	isa M. Oaks !	Drive	Change	Addition
STREET ADDRESS 384	D RT, CURTIS L 10 CROWN POINT RD, STE A CKSONVILLE, FL 32257	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STI Axl 262		ah M. Oaks	Drive	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Lin Chapter 110. Fig.	sida Statutos	1 5	☐ Change	Addition

indicated on this report or supplies with this hinty does not quality 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: \_