2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N03000010664

1. Entity Name

PARK PLACE AT THE AVENUES OWNERS ASSOCIATION, INC.



Principal Place of Business

6101 GAZEBO PARK PLACE N SUITE 101

JACKSONVILLE, FL 32257

Mailing Address

6101 GAZEBO PARK PLACE N SUITE 101 IACKSONVILLE, FL 32257

FILED Jan 18, 2006 8:00 am Secretary of State

01-18-2006 90023 026 ****61.25

60003125



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 14-1908046 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOATRIGHT, SCOTT R ESQ. 6101 GAZEBOPARK PLACE N SUITE 101 JACKSONVILLE, FL 32257

SIGNATURE:

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		1				
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						
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEFFIELD, J. HOWARD 4209 BAYMEADOWS RD. JACKSONVILLE, FL 32217					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOATRIGHT, SCOTT R 4209 BAYMEADOWS RD. JACKSONVILLE, FL 32217					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPINNER, WILLIAM T 5605 FLORIDA MINING BLVD. S. , STE. 11 JACKSONVILLE, FL 32257			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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.						

RINTED NAME OF SIGNING OFFICER OR DIRECTOR