


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010664 1. Entity Name PARK PLACE AT THE AVENUES OWNERS ASSOCIATION, INC.	
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Principal Place of Business 6101 GAZEBO PARK PLACE N SUITE 101 JACKSONVILLE, FL 32257	Mailing Address 6101 GAZEBO PARK PLACE N SUITE 101 JACKSONVILLE, FL 32257
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01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1908046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
OFFICER NAME STREET ADDRESS CITY ST-ZIP	PD SHEFFIELD, J. HOWARD 4209 BAYMEADOWS RD. JACKSONVILLE, FL 32217
OFFICER NAME STREET ADDRESS CITY ST-ZIP	SD BOATRIGHT, SCOTT R 4209 BAYMEADOWS RD. JACKSONVILLE, FL 32217
OFFICER NAME STREET ADDRESS CITY ST-ZIP	TD SPINNER, WILLIAM T 5605 FLORIDA MINING BLVD. S., STE. 11 JACKSONVILLE, FL 32257
OFFICER NAME STREET ADDRESS CITY ST-ZIP	
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DO NOT WRITE IN THIS SPACE

U00000323076
 05/16/08-80017-004 61.25

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:  _____ DATE: 4-23-08 DAYTIME PHONE #: 904-733-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR