

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000919

FILED
Jan 15, 2007
Secretary of State

Entity Name: MAISON DU SOLEIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1421 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

1421 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 11-3778526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUSS, JOHN S IV
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SISK, JOHN K
Address: 10161 CENTURION PARKWAY NORTH #100
City-St-Zip: JACKSONVILLE, FL 32266

Title: D () Delete
Name: BLOUNT, MICHAEL H
Address: 1421 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

Title: P () Delete
Name: BLOUNT, KAREN T
Address: 1421 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

Title: T () Delete
Name: KRAMARICH, STEPHEN S
Address: 1426 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

Title: S () Delete
Name: KRAMARICH, ANN D
Address: 1426 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: COBB III, JAMES H
Address: 415 BEACHSIDE PLACE
City-St-Zip: AMELIA ISLAND, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: KAREN T. BLOUNT

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date