

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003722

FILED
Mar 20, 2009
Secretary of State

Entity Name: ACADEMY PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10689 BALLESTERO DR. EAST
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST. AUGUSTINE RD #15-323
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 56-2453620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAND CAP PROPERTY SERVICES, INC.
10689 BALLESTERO DR. EAST
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: PD () Delete
Name: CARLISLE, LARONDA
Address: 10653 ACADEMY PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPSD () Delete
Name: KESTER, KAREN
Address: 10608 ACADEMY PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: LAKE, ALICIA
Address: 3211 ACADEMY PARK PLACE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: LAKE, ALICIA
Address: 3211 ACADEMY PARK PLACE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Change () Addition
Name: POWELL, BETTY
Address: 10708 ACADEMY PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify 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: LARONDA CARLISLE

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date