

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003722

**FILED**  
**Apr 01, 2010**  
**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:** VPD  
**Name:** LAKE, ALICIA  
**Address:** 3211 ACADEMY PARK PLACE  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** TD  
**Name:** POWELL, BETTY  
**Address:** 10708 ACADEMY PARK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** DD  
**Name:** HILL, CAROLYN  
**Address:** 10665 ACADEMY PARK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

**SIGNATURE:** ALICIA LAKE

VPD

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date