2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000003722

FILED Juņ 15, 2<u>01</u>0 Secretary of State

Entity Name: ACADEMY PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

10689 BALLESTERO DR. EAST JACKSONVILLE, FL 32257

12058 SAN JOSE BLVD. SUITE 904

JACKSONVILLE, FL 32223

Current Mailing Address:

New Mailing Address:

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

P.O. BOX 600033 **JACKSONVILLE**

JACKSONVILLE, FL 32260

FEI Number: 56-2453620

FEI Number Not Applicable ()

Certificate of Status Desired ()

FEI Number Applied For ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS

LAND CAP PROPERTY SERVICES, INC. 10689 BALLESTERO DR. EAST JACKSONVILLE, FL 32257

12058 SAN JOSE BLVD. SUITE 904

JACKSONVILLE, FL 32223 US

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: ELAINE T. BROOKS

06/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

LAKE, ALICIA Name: Address: P.O. BOX 600033

City-St-Zip: JACKSONVILLE, FL 32260

Title:

Name: POWELL, BETTY Address: P.O. BOX 600033

City-St-Zip: JACKSONVILLE, FL 32260

Title:

HILL, CAROLYN Name: Address: P.O. BOX 600033

City-St-Zip: JACKSONVILLE, FL 32260

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: LISA LAKE VΡ 06/15/2010