


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90022 033 \*\*\*\*70.00

<b>DOCUMENT # N04000005857</b> 1. Entity Name <b>ETTA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>786 BLANDING BLVD. #118</b> <b>ORANGE PARK, FL 32065</b>			Mailing Address <b>786 BLANDING BLVD. #118</b> <b>ORANGE PARK, FL 32065</b>		
2. Principal Place of Business <b>Professional Community Mgmt, Inc.</b>		3. Mailing Address Suite, Apt. #, etc.		01182006    Chg-NP    CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>40-0061584</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Name and Address of Current Registered Agent	
Name <b>PERRY, ALAN</b> <b>786 BLANDING BLVD #118</b> <b>ORANGE PARK, FL 32065</b>		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)		Name			
City		Street Address (P.O. Box Number is Not Acceptable)			
FL		City			
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD DOUGLAS, VICKIE 2159 RIVERSIDE AVE #5 JACKSONVILLE, FL 32204		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPTD DAVIDSON, JASON 2159 RIVERSIDE AVE #4 JACKSONVILLE, FL 32204		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD KINSEY, JEFFERY 2159 RIVERSIDE AVE #1 JACKSONVILLE, FL 32204		<input type="checkbox"/> Delete	
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