

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005857

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** ETTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PROFESSIONAL COMMUNITY MGMT, INC.  
786 BLANDING BLVD #118  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

786 BLANDING BLVD. #118  
ORANGE PARK, FL 32065

**New Mailing Address:**

**FEI Number:** 40-0061584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PERRY, ALAN  
786 BLANDING BLVD #118  
ORANGE PARK, FL 32065 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: DP  
Name: NEEDLE, DOUG  
Address: 350 NOE ST. #1  
City-St-Zip: SAN FRANCISCO, CA 94114

Title: D  
Name: MAY, SHAW  
Address: 2159 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD  
Name: KINSEY, JEFFERY  
Address: 2159 RIVERSIDE AVE #1  
City-St-Zip: JACKSONVILLE, FL 32204

Title: DTVP  
Name: TELLER, FRAN  
Address: 2159 RIVERSIDE AVE #8  
City-St-Zip: JACKSONVILLE, FL 32204

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:** DOUG NEEDLE

P

04/26/2010

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

\_\_\_\_\_  
Date