2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

	ANNUAL	REPORT					4
DOCUMENT # N04000010020 1. Entity Name					Secre	tary of Sta	ite
DUNN'S	CROSSING OWNERS ASSO	CIATION INC.					
Principal Plac	ce of Business	Mailing Address					
		310 COLLEGE DRIVE					
ORANGE PARK, FL 32065 ORANGE PARK, FL 32065			•				
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r	O NOT WRITE	IN THIS COA	ce	01192008	No Chg-NP	CR2E037 (11/05)	
DO NOT WRITE IN THIS SPA				4. FEI Numi			lied For
				51-05	25598		Applicac
				5. Centificat	e of Status Desired	☐ \$8.75 Addition	onal
	6. Name and Address of Current Re	gistered Agent					
WARD, KEITH R				D 0			
310 COLLEGE DRIVE				.DO	NOT W	KIIE	
ORANGE PARK, FL 32065				IN	THIS SP	ACE	- •
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		.,		· · · ·			ر جي ريندر
 The above the obligation 	a named entity submits this statement for it tions of registered agent.	ne purpose of changing its register	ed affice or re	gistered agent, or b	oth, in the State of Flo	rida. I am familiar with, ar	nd accep
SIGNATURE.	Signature, typed or printed name of registered agent and	The fiappinable. (NOTE Registers	d Agent eigneture i	equired when releastating)		DATE	
							·
	Filing Fee is \$61.25 Due by May 1, 2006	 Election Campaign Final Trust Fund Contribution. 		\$5.00 May Be Added to Fees	}		
10.		27020			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
TITLE	OFFICERS AND DE	RECTORS	1		er programmentalis om ogsåster om	the state of the second second	
NAME	LINTON, JAMES ERIC						
STREET ADDRESS	923 AUTHOR MOORE		ł				
CITY-ST-ZP	GREEN COVE SPRINGS, FL 3204	3			, 1971 - 1	· · · · · · · · · · · · · · · · · · ·	
TITLE	0		1		וארות ביי	er transport	· · · · · ·
NAME STREET ADDRESS	WARD, KEITH R		1		02/15/06	-811127-00E E1	20
CITY -ST-ZIP	2741 NAVAJO RD ORANGE PARK, FL 32065		ł		05113105	00041.000.67	" (1 5)
TITLE	D		1			+ 	
NAME	MAY, THOMAS A						
STREET ADDRESS	5591 DIANTHUS ST	·	l .	DO	NOT W	DITE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 3204	3	1		NOT W		
TIPLE			ł	IN	THIS SF	ACE	
NAME CORET ADORGO	}		<u> </u>				
STREET ADDRESS CITY-ST-ZIP			1	• •			
TITLE			1				
HAME			ł				
STREET ADDRESS	1		ł				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 my chiral by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPES OF PRINTED NAME OF RIGHING OFFICER ON DIRECTOR

01/30/06

904-272-4808

Daytime Phone #