



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010020	
1. Entity Name DUNN'S CROSSING OWNERS ASSOCIATION INC.	

Principal Place of Business 310 COLLEGE DRIVE ORANGE PARK, FL 32065	Mailing Address 310 COLLEGE DRIVE ORANGE PARK, FL 32065
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02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0525598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, KEITH R
310 COLLEGE DRIVE
ORANGE PARK, FL 32065

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000881587
04/16/08-80010-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINTON, JAMES ERIC
STREET ADDRESS	923 AUTHOR MOORE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	WARD, KEITH R
STREET ADDRESS	2741 NAVAJO RD
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	D
NAME	MAY, THOMAS A
STREET ADDRESS	5591 DIANTHUS ST
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 required 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:  **THOMAS A. MAY V.P. 4/1/08 904-272-4808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #