

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-15-2007 90007 029 ****70.00

DOCUMENT # N05000002360					
1. Entity Name THE SEASONS ON PARK AVENUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065			Mailing Address 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt., #, etc.		Suite, Apt., #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number 01042007 Chg-NP CR2E037 (12/06)					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD SUITE 118 ORANGE PARK, FL 32065					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE P NAME BRESSI, LOUIS P STREET ADDRESS 1800 PARK AVENUE, UNIT 227 CITY-ST-ZIP ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete				
TITLE V NAME RUFFIAN, THERESA STREET ADDRESS 1800 PARK AVENUE, #485 CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Delete				
TITLE ST NAME SPERRY, ANNETTE STREET ADDRESS 1800 PARK AVENUE, #471 CITY-ST-ZIP ORANGE PARK, FL 32073	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
P NAME Danielle Boston STREET ADDRESS 1800 PARK Ave # 228 CITY-ST-ZIP Orange Park FL 32073					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
S NAME STREET ADDRESS CITY-ST-ZIP					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
T NAME Elvira Mathieu STREET ADDRESS 1800 PARK Ave #465 CITY-ST-ZIP Orange Park FL 32073					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D NAME Eddy Mathieu STREET ADDRESS 1800 PARK Ave #465 CITY-ST-ZIP Orange Park FL 32073					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>Katherine Annette Sperry</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					