

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90013 014 ****61.25

DOCUMENT # N05000004050 1. Entity Name 9TH STREET TOWNHOME PROJECT OWNERS ASSOCIATION, INC.																																																																													
Principal Place of Business 2038 BEACH AVE ATLANTIC BEACH, FL 32233			Mailing Address 2038 BEACH AVE ATLANTIC BEACH, FL 32233																																																																										
2. Principal Place of Business 834 9TH AVE. SOUTH		3. Mailing Address 834 9TH. AVE. SOUTH																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																											
City & State JACKSONVILLE BEACH, FL		City & State JACKSONVILLE BEACH, FL		4. FEI Number NO EMPLOYEES - NFP																																																																									
Zip 32250		Country USA		Applied For <input checked="" 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 LAMBERTSON, CHRISTOPHER D 2038 BEACH AVE. ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name TERRI GOVIN Street Address (P.O. Box Number is Not Acceptable) 834 9TH. AVE. SOUTH. City JACKSONVILLE BEACH FL Zip Code 32250																																																																										
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> 9/6/06 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>																																																																													
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																									
Make check payable to Florida Department of State																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAMBERTSON, CHRISTOPHER D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2038 BEACH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ATLANTIC BEACH, FL 32233</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLSON, LINDA B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>110 FAIRWAY OAKS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK, FL 32003</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLSON, ROBERT C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>110 FAIRWAY OAKS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORANGE PARK, FL 32003</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	LAMBERTSON, CHRISTOPHER D		STREET ADDRESS	2038 BEACH AVE		CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	OLSON, LINDA B		STREET ADDRESS	110 FAIRWAY OAKS DR		CITY-ST-ZIP	ORANGE PARK, FL 32003		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	OLSON, ROBERT C		STREET ADDRESS	110 FAIRWAY OAKS DR		CITY-ST-ZIP	ORANGE PARK, FL 32003		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> 9/6/06 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>Daytime Phone #</small> </div> </div>																																																																													