2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

3/9/2006-90162-014-$61.25-$61.25

FILED

06 AUG 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000005685

1. Entity Name
POTTSBURG CROSSING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216	~~6620 SOUTHPOINT DR SOUTH - STE 400~~ ~~JACKSONVILLE, FL 32216~~ c/o Max Management Services Inc

02062008 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5455 Hwy A1A S Ste 9 Suite, Apt. #, etc.
City & State	City & State: St. Augustine FL
Zip / Country	Zip: 32084 / Country

4. FEI Number: 20-3506879 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RILEY, JAMES F 6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216	Name: MAX MANAGEMENT SERVICES INC Street Address (P.O. Box Number is Not Acceptable): 5455 A1A So. City: ST. AUGUSTINE FL Zip Code: 32080

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: Cynthia H O'Neil 3/7/06 CYNTHIA O'NEIL
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, CLINTON F 6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TRICK, CATHY 6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOYD, LISA 6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Cathy Trick 3-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #