

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90002 006 ****61.25

DOCUMENT # N05000005685

1. Entity Name
POTTSBURG CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6620 SOUTHPOINT DR SOUTH - STE 400
JACKSONVILLE, FL 32216**

Mailing Address
**6620 SOUTHPOINT DR SOUTH - STE 400
JACKSONVILLE, FL 32216**

40025245



2. Principal Place of Business - No P.O. Box #

12627 San Jose Blvd

3. Mailing Address

May Management Services

Suite, Apt. #, etc.

#501

Suite, Apt. #, etc.

5455 Hwy A1A South

City & State

Jacksonville, FL

City & State

St. Augustine, FL

Zip

32223

Country

USA

Zip

32080

Country

USA

02082007

Chg-NP

CR2E037 (12/06)

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

**MAY MANAGEMENT SERVICES, INC.
5455 A1A SO.
ST. AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **PD** ☒ Delete
NAME **SMITH, CLINTON F**
STREET ADDRESS **6620 SOUTHPOINT DR SOUTH - STE 400**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☒ Delete
NAME **TRICK, CATHY**
STREET ADDRESS **6620 SOUTHPOINT DR SOUTH - STE 400**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **STD** ☐ Delete
NAME **BOYD, LISA**
STREET ADDRESS **6620 SOUTHPOINT DR SOUTH - STE 400**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Brian Gay**
STREET ADDRESS **6620 Southpoint Dr. South - STE 400**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Jason Peery**
STREET ADDRESS **6620 Southpoint Dr. South - STE 400**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06

Date

(904) 296 4551

Daytime Phone #