

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90037 020 ****61.25

DOCUMENT # N05000005685

1. Entity Name
POTTSBURG CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**12627 SAN JOSE BLVD.
501
JACKSONVILLE, FL 32223**

Mailing Address
**MAY MGMT. SERVICES
5455 HWY. A1A SOUTH
SAINT AUGUSTINE, FL 32080**

2. Principal Place of Business - No P.O. Box #
5455 A1A South

3. Mailing Address
Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State
Suite, Apt. #, etc.

Zip
32080

Country
USA

4000-



01092008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
20-3506879

Applied For
☐ Not Applicable

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

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 _____ (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, 2008

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 GAY, BRIAN 6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Lorraine Linares 6700 Bowden Rd # 1301 Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PEERY, JASON 6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Eden Martin 6700 Bowden Rd # 1906 Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BOYD, LISA 6620 SOUTHPOINT DR SOUTH - STE 400 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Penelope Mowden 6700 Bowden Rd # 1006 Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 persons empowered.

SIGNATURE: Lorraine G. Linares **CORRAINE G. LINARES** 1-16-08 742-2814

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