

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005685

FILED
Apr 28, 2009
Secretary of State

Entity Name: POTTSBURG CROSSING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5455 A1A S
501
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

2900 HARTLEY RD
JACKSONVILLE, FL 32257

Current Mailing Address:

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

New Mailing Address:

2900 HARTLEY RD
JACKSONVILLE, FL 32257

FEI Number: 20-3506879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STELLAR PROPERTIES
2900 HARTLEY RD
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: CHRIS HALLAM

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LINORS, LORRAINE
Address: 6200 BOWDEN RD 1301
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: MARTIN, EDEN
Address: 6700 BOWDEN RD 1906
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: MOUDEN, PENELOPE
Address: 6700 BOWDEN RD 1006
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LINARES, LORRAINE
Address: 6200 BOWDEN RD 1301
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: JOHNSON, PATTY
Address: 6700 BOWDEN RD 1501
City-St-Zip: JACKSONVILLE, FL 32216

Title: TRES () Change (X) Addition
Name: CORNWELL, CHAD
Address: 6700 BOWDEN RD 1704
City-St-Zip: JACKSONVILLE, FL 32257

Title: DIR () Change (X) Addition
Name: SIPLIN, MONIQUE
Address: 6700 BOWDEN RD 1801
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE LINARES

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date