

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006551

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** ISTORIA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2021 ART MUSEUM DRIVE, SUITE 210  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

463499 STATE ROAD 200  
YULEE, FL 32097

**Current Mailing Address:**

2021 ART MUSEUM DRIVE, SUITE 210  
JACKSONVILLE, FL 32207

**New Mailing Address:**

P.O. BOX 1987  
YULEE, FL 320411978

**FEI Number:** 55-0900273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTONPOULOS, MICHAEL  
2021 ART MUSEUM DRIVE, SUITE 210  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

PROPERTY MANAGEMENT SYSTEMS, INC.  
463499 STATE ROAD 200  
YULEE, FL 32097 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: TERRELL J. POWELL

04/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ANTONPOULOS, MICHAEL  
Address: 2021 ART MUSEUM DRIVE, SUITE 210  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV ( ) Delete  
Name: TABB, JEFFREY  
Address: 2021 ART MUSEUM DRIVE, SUITE 210  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS ( ) Delete  
Name: SMITH, CATHERINE M  
Address: 2021 ART MUSEUM DRIVE, SUITE 210  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL ANTONPOULOS

DPT

04/26/2006

Electronic Signature of Signing Officer or Director

Date