

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90320 008 ****61.25

DOCUMENT # N05000007321

1. Entity Name
EDGESEN OFFICE PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business
**2809 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32205 US**

Mailing Address
**2809 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32205 US**

60025369



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

20-3222305

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SENHART, NECDET
2809 OCEAN DRIVE SOUTH
JACKSONVILLE BEACH, FL 32250**

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, 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

TITLE ☐ Delete
NAME **P SENHART, NECDET**
STREET ADDRESS **2809 OCEAN DRIVE SOUTH**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME **VP EDGINGTON, WILLIAM L**
STREET ADDRESS **PO BOX 1153**
CITY-ST-ZIP **ORANGE PARK, FL 32067**

TITLE ☐ Delete
NAME **T EDGINGTON, CHRIS**
STREET ADDRESS **PO BOX 1153**
CITY-ST-ZIP **ORANGE PARK, FL 32067**

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 empowerments.

SIGNATURE:

William L Edgington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP William L Edgington
Date

4/6/06
Daytime Phone #

904 249 6600