

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-13-2006 90060 027 ****61.25

DOCUMENT # N05000008209	
1. Entity Name DAWSON'S CREEK HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.	

Principal Place of Business 233 E BAY ST 1010 THE BLACKSTONE BLD JACKSONVILLE, FL 32202	Mailing Address 233 E BAY ST 1010 THE BLACKSTONE BLD JACKSONVILLE, FL 32202
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

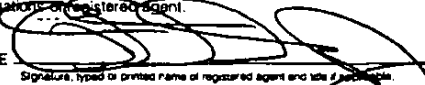
01052006 Chg-NP CR2E037 (11/05)

4. FEI Number **76-0824491** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAWSON, CARL D JR. 233 E BAY ST 1010 THE BLACKSTONE BLD JACKSONVILLE, FL 32202		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 the registered agent.

SIGNATURE  DATE **3/10/06**

**Filing Fee is \$81.25
Due by May 1, 2006**

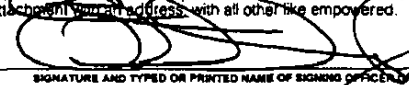
9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAWSON, CARL D JR	NAME	
STREET ADDRESS	233 E BAY ST 1010 THE BLACKSTONE BLD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP	
TITLE	DV ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLLEDGE, SHEPHERD B	NAME	
STREET ADDRESS	233 E BAY ST 1010 THE BLACKSTONE BLD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP	
TITLE	DST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOWELL, WILLIAM R II	NAME	
STREET ADDRESS	233 E BAY ST 1010 THE BLACKSTONE BLD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 recipient of a 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 to this address, with all other like empowered.

SIGNATURE:  DATE **3/10/06** 904-355509