

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 024 \*\*\*\*50.00  
03-14-2007 90045 017 \*\*\*\*11.25

**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**



01172007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0824491**

Applied For
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**DAWSON, CARL D JR.  
233 E BAY ST 1010 THE BLACKSTONE BLD  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DAWSON, CARL D JR 233 E BAY ST 1010 THE BLACKSTONE BLD JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV COLLEDGE, SHEPHERD B 233 E BAY ST 1010 THE BLACKSTONE BLD JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HOWELL, WILLIAM R II 233 E BAY ST 1010 THE BLACKSTONE BLD JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 empowered.

**SIGNATURE:** CARL DAWSON JR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 2 1 0 7 5 0 4 3 5 5 5 0 9  
Date Daytime Phone #