

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011224

FILED
Apr 27, 2007
Secretary of State

Entity Name: CONCORD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

245 RIVERSIDE AVENUE STE 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE STE 500
JACKSONVILLE, FL 32202

New Mailing Address:

245 RIVERSIDE AVENUE STE 500
ATTN: LEGAL DEPT - SUSAN WHITLATCH
JACKSONVILLE, FL 32202

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE STE 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DREW, J. EVERITT
Address: 1400 OVEN PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: FOX, KEVIN G
Address: 1400 OVEN PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: DANE, DOUGLAS J
Address: 1400 OVEN PARK DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMALLWOOD, H. CLAY
Address: 301 1ST EAST STREET
City-St-Zip: PORT ST. JOE, FL 32457

Title: D (X) Change () Addition
Name: WATSON, WILLIAM J JR
Address: 301 1ST EAST STREET
City-St-Zip: PORT ST. JOE, FL 32457

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

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: H. CLAY SMALLWOOD

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date