

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N06000003306

1. Entity Name
PAPPY STREET HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
2309 PLANTATION LAKE DRIVE
ST. AUGUSTINE, FL 32084

Mailing Address
2309 PLANTATION LAKE DRIVE
ST. AUGUSTINE, FL 32084



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4630342

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTES, MOREAU P
2309 PLANTATION LAKE DRIVE
ST. AUGUSTINE, FL 32084

**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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ESTES, MOREAU P
STREET ADDRESS 2309 PLANTATION LAKE DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME DEGRANDE, JOAN C
STREET ADDRESS 6285 C.R. 13 SOUTH
CITY-ST-ZIP HASTINGS, FL 32145

TITLE D
NAME DIMSDALE, JAMES E
STREET ADDRESS 4257 OAK LANE
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000846578
03/18/08-80035-001 61.25

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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 register 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/08

904/826-4074