

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 031 ****61.25

DOCUMENT # N06000004449

1. Entity Name
DUVAL STATION CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
1309 ST JOHNS BLUFF RD N SUITE 104
JACKSONVILLE, FL 32225

Mailing Address
1309 ST JOHNS BLUFF RD N SUITE 104
JACKSONVILLE, FL 32225



2. Principal Place of Business - No. P.O. Box #

3. Mailing Address

6507 West Beaver St

6507 West Beaver St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-NP

CR2E037 (12/06)

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

20-8185696

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32254

Country

USA

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

SHULTZ, CHAD
1309 ST JOHNS BLUFF RD N SUITE 104
JACKSONVILLE, FL 32225

Name

Chad Shultz

Street Address (P.O. Box Number is Not Acceptable)

6507 West Beaver Street

City

Jacksonville

FL

Zip Code

32254

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, 2007**

**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
NAME SHULTZ, CHAD
STREET ADDRESS 1309 ST JOHNS BLUFF RD N SUITE 104
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE DPT ☒ Change ☐ Addition
NAME Chad Shultz
STREET ADDRESS 6507 West Beaver Street
CITY-ST-ZIP Jacksonville, FL 32254

TITLE DV ☐ Delete
NAME BRANTLEY, LARRY
STREET ADDRESS 35393 BRADDOCK RD
CITY-ST-ZIP CALLAHAN, FL 32011

TITLE DV ☒ Change ☐ Addition
NAME Larry Brantley
STREET ADDRESS 35393 Braddock Rd.
CITY-ST-ZIP Callahan, FL 32011

TITLE DS ☐ Delete
NAME BRANTLEY, KAREN
STREET ADDRESS 35393 BRADDOCK RD
CITY-ST-ZIP CALLAHAN, FL 32011

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

Chad Shultz, Chad Shultz

1/9/07

904-773-3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #