2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State
04-10-2008 90029 009 ****61.25

DOCUMENT # N06000010868

1. Entity Name
MIDTOWNE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256	11555 CENTRAL PARKWAY 603 JACKSONVILLE, FL 32224

02122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	
11555 Central Parkway		20-5745337	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. Suite 603	Suite, Apt. #, etc.		
City & State Jacksonville, FL	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 32224 Country	Zip Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STERLING FIN. & MGMT, INC. 11555 CENTRAL PARKWAY 603 JACKSONVILLE, FL 32224	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 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GENOVESE, WILLIAM 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DALTON, RICK 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FITZPATRICK, DAN 5210 BELFORT RD STE 400 JACKSONVILLE FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BUDD, SHAWN 5210 BELFORT ROAD, SUITE 400 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: William Genovese 2-12-08 904 425-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #