

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010868

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: MIDTOWNE HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

11555 CENTRAL PARKWAY  
SUITE #603  
JACKSONVILLE, FL 32224 US

## New Principal Place of Business:

6620 SOUTHPOINT DR S  
SUITE 610  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

11555 CENTRAL PARKWAY  
SUITE #603  
JACKSONVILLE, FL 32224 US

## New Mailing Address:

6620 SOUTHPOINT DR S  
SUITE 610  
JACKSONVILLE, FL 32216 US

FEI Number: 20-5745337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STERLING FIN. & MGMT, INC.  
11555 CENTRAL PARKWAY  
603  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

STERLING FIN. & MGMT, INC.  
6620 SOUTHPOINT DR S  
SUITE 610  
JACKSONVILLE, FL 32216 US

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: DAVID LITTLE

03/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GENOVESE, WILLIAM  
Address: 5210 BELFORT ROAD, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV ( ) Delete  
Name: FITZPATRICK, DAN  
Address: 5210 BELFONT RD STE 400  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DST ( ) Delete  
Name: SKINNER, CHET  
Address: 5210 BELFORT ROAD, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition  
Name: MORRIS, LUCAS  
Address: 5210 BELFONT RD STE 400  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DST (X) Change ( ) Addition  
Name: FITZPATRICK, DAN  
Address: 5210 BELFORT ROAD, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32256

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: WILLIAM GENOVESE

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date