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FILED Feb 07, 2007 8:00 am Secretary of State 02-07-2007 90037 013 ****61.25

2007	ANNUAL REI	
		

DOCUMENT # N06000011309 1. Entity Name
DOCKSIDE AT CHRISTOPHER CREEK PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 625 OCEAN AVENUE **625 OCEAN AVENUE** FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. NIA Suite, Apt. #, etc. 01042007 CR2E037 (12/06) Chg-NP City & State City & State 4. FEI Number Applied For ➤ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, GREG **625 OCEAN AVENUE** Street Address (P.O. Box Number is Not Acceptable) FERNANDINA BEACH, FL 32034 City 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 DATE Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TIT! F Change Addition FISHER, GREG NAME NAME STREET ADDRESS 625 OCEAN AVENUE STREET ADORESS FERNANDINA BEACH, FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE S/T TITLE Change ■ Addition ☐ Delete FISHER, GREG NAME NAME STREET ADDRESS STREET ADDRESS **625 OCEAN AVENUE** CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-78P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-7P 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 add 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 tryftee 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 at address, with all other the efficiency. of the corporation or the receiver changed, or on an attachment wi SIGNATURE: