2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N06699

1. Entity Name
FOURTEENTH STREET PROFESSIONAL PLAZA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1411 S. 14TH STREET SUITE 1 FERNANDINA BEACH, FL 32034 US	C/O SUN GROUP PROPERTIES, INC. P.O. BOX 6132 FERNANDINA BEACH, FL 32035-6132 US

01312004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2621197
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIDLEY, FRANK M
1585 REGATTA DRIVE
AMELIA ISLAND, FL 32034-5558

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LOPEZ, ANTHONY F
STREET ADDRESS	96913 BUCCANEER TRAIL
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	D
NAME	SHELLY-LOHMAN, PATTY AU.D.
STREET ADDRESS	961146 BUCCANNEER TRAIL
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	D
NAME	CRUMP, JAY O.D.
STREET ADDRESS	1528 BLUE HERON LANE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80185-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anthony F. Lopez 2/2/2004 904.261.5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #