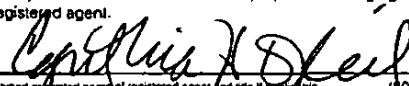
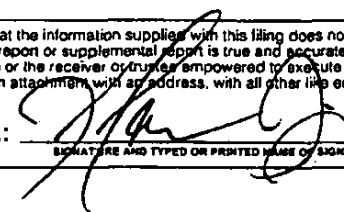


FILED  
Mar 06, 2008 8:00 am  
Secretary of State

02-04-2008 90027 011 \*\*\*\*61.25

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              |                                                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N07000001418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              |                                  |                                                                   |
| 1. Entity Name<br><b>PRITCHARD POINT PROPERTY OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                                                                                                   |                                                                   |
| Principal Place of Business<br><b>9456 PHILLIPS HIGHWAY<br/>SUITE 1<br/>JACKSONVILLE, FL 32256</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              | Mailing Address<br><b>9456 PHILLIPS HIGHWAY<br/>SUITE 1<br/>JACKSONVILLE, FL 32256</b>                            |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              | 3. Mailing Address<br><b>5455 AIA S.</b>                                                                          |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | Suite, Apt. #, etc.                                                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                              | City & State<br><b>St. Augustine FL</b>                                                                           |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                      | Zip                                                                                                               | Country                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                              | <b>32080</b>                                                                                                      | <b>USA</b>                                                        |
| 4. FEI Number<br><b>#20-8423367</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              | \$8.75 Additional Fee Required                                                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>DEARING, MARK C<br/>9456 PHILLIPS HIGHWAY<br/>SUITE 1<br/>JACKSONVILLE, FL 32256</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              | 7. Name and Address of New Registered Agent<br><b>MAY MANAGEMENT<br/>5455 AIA SOUTH<br/>ST AUGUSTINE FL 32080</b> |                                                                   |
| 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.<br><br>SIGNATURE <br>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<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |                                                                   |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |                                                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>ZAKOSKE, JOHN<br>9456 PHILLIPS HIGHWAY, SUITE 1<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>DEARING, MARK C<br>9456 PHILLIPS HIGHWAY, SUITE 1<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD<br>PORTER, ROBERT<br>9456 PHILLIPS HIGHWAY, SUITE 1<br>JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ASTD<br>RESTALL, SHELBY R<br>9456 PHILLIPS HIGHWAY<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SATD<br>KNOX, LINNETTE C<br>9456 PHILLIPS HIGHWAY<br>JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              | 1/25/08<br>Date<br>Daytime Phone #                                                                                |                                                                   |