

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 12, 2008 8:00 am
Secretary of State

04-30-2008 90191 001 ****61.25

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DOCUMENT # N07000010256					
1. Entity Name FLORA PARKE CROSSING PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE, FL 32216			Mailing Address 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04252008 Chg-NP CR2E037 (12/06)	
4. FEI Number 261935049				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent SEMANIK, JOHN A 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nominating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD. #3 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARPENTER, KATHERINE S 2120 CORPORATE SQUARE BLVD. #3 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LESNIAK, JENNIE M 2120 CORPORATE SQUARE BLVD. #3 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LAMBERT, JILL 2120 CORPORATE SQUARE BLVD. #3 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <i>Katherine S. Carpenter</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/29/08 (904) 724-7800		