

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07359

FILED  
Jul 07, 2006  
Secretary of State

**Entity Name:** PIER HOUSE OF JACKSONVILLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

221 6TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

106 SEMINOLE ROAD  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

**FEI Number:** 59-2350407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PALUMBO, RICHARD  
106 SEMINOLE ROAD  
ATLANTIC BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

PALUMBO, RICHARD  
106 SEMINOLE ROAD  
ATLANTIC BEACH, FL 32233 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:

07/07/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SISSON, JAY  
Address: 221 SOUTH 6TH AVENUE, UNIT A  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: FRANK, SNELSON  
Address: 4396 SEABREEZE DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P ( ) Delete  
Name: YEAROUT, BOBBY  
Address: 221 6TH AVE S, UNIT H  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST ( ) Delete  
Name: PALUMBO, RICHARD  
Address: 106 SEMINOLE ROAD  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP ( ) Delete  
Name: SPARKS, ROBERT  
Address: 14130 PLEASANT POINT LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: WILLIAMS, EDWARD M.D.  
Address: 2131 ST JOHNS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILCOXON, LESLIE  
Address: 3506 SANCTUARY BOULEVARD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

Title: P (X) Change ( ) Addition  
Name: EARNEST, WADE  
Address: 220 EMERALD DRIVE  
City-St-Zip: CHRISTIANSBURG, VA 24073

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

Title: VP (X) Change ( ) Addition  
Name: SPARKS, ROBERT  
Address: 14750 BEACH BOULEVARD, APT 56  
City-St-Zip: JACKSONVILLE, FL 32250

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, EDWARD M.D.  
Address: 1971 DOCTORS MOORINGS CIRCLE  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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: PALUMBO RICHARD

ST

07/07/2006

Electronic Signature of Signing Officer or Director

Date