

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90032 006 ****61.25

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DOCUMENT # N07359					
1. Entity Name PIER HOUSE OF JACKSONVILLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 221 6TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 US			Mailing Address 106 SEMINOLE ROAD ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4396 SEABREEZE DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2350407	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32250		USA		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PALUMBO, RICHARD 106 SEMINOLE ROAD ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name: <u>Franklin Snelson</u> Street Address (P.O. Box Number is Not Acceptable): <u>4396 SEABREEZE DR.</u> City: <u>JACKSONVILLE</u> FL Zip Code: <u>32250</u>		
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: <u>FRANKLIN SNELSON, SEC/TRE.</u> DATE: <u>4/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 WILCOXON, LESLIE 3506 SANCTUARY BOULEVARD JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANK, SNELSON 4396 SEABREEZE DRIVE JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	ST NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EARNEST, WADE 220 EMERALD DRIVE CHRISTIANBURG, VA 24073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PALUMBO, RICHARD 106 SEMINOLE ROAD ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPARKS, ROBERT 14750 BEACH BOULEVARD, APT 56 JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete	D NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, EDWARD M.D. 1971 DOCTORS MOORINGS CIRCLE MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>FRANKLIN SNELSON, SEC/TRE.</u> DATE: <u>4/5/07</u> DAYTIME PHONE #: <u>904/992 8022</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					