
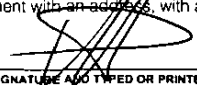


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90081 048 ****61.25

| | | | | | |
|--|--|--|---|---|--|
| 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 4396 SEABREEZE DR. JACKSONVILLE BEACH, FL 32250 US | |
| 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 | 4. FEI Number 59-2350407 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SNELSON, FRANKLIN 4396 SEABREEZE DR. JACKSONVILLE BEACH, FL 32250 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 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 WILCOXON, LESLIE 3506 SANCTUARY BOULEVARD JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST FRANK, SNELSON 4396 SEABREEZE DRIVE 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 | P EARNST, WADE 220 EMERALD DRIVE CHRISTIANSBURG, 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 | V VASSALO, JOHN 315 PORPOISE POINT DR SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SPARKS, ROBERT 14750 BEACH BOULEVARD, APT 56 JACKSONVILLE, 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 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:  F. Snelson 4-18-08 (204) 992-8022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |