

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07359

FILED
Apr 27, 2009
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:

4396 SEABREEZE DR.
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-2350407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELSON, FRANKLIN
4396 SEABREEZE DR.
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILCOXON, LESLIE
Address: 3506 SANCTUARY BOULEVARD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

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

Title: D () Delete
Name: VASSALO, JOHN
Address: 315 PORPOISE POINT DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: SPARKS, ROBERT
Address: 14750 BEACH BOULEVARD, APT 56
City-St-Zip: JACKSONVILLE, FL 32250

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: FRANK SNELSON

ST

04/27/2009

Electronic Signature of Signing Officer or Director

Date