## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90038 050 \*\*\*\*61.25

DOCUMENT # N08840  1. Entity Name THE 2931 ST. JOHNS AVENUE CONDOMINIUM ASSOCIATION, INC.								02-13-20	06 90038	050 ****6	51.25
2931 ST JOHNS AVE			Mailing Address 2931 ST JOHNS AVE #3				. į				
	.E, FL 32205	•	JACKSONVILLE, FL 32205								
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.					01082006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State					4. FEI Numbe 59-239(			No	oplied For ot Applicable
Zip					ıntry	5. Certificate of Status Desired Fee F			\$8.75 Add Fee Require		
-	6. Name and Address of Curren	t Registered	Agent		Name /			Address of Ne	w Registered	d Agent	
PULLEN, CAROL					PAT ICEMS						
2931 ST JOHNS AVE #3 JACKSONVILLE, FL 32205					Street A	ddress (F 2951	P.O. Box Numbe	TOHNS	AUE	#3	
					City	ACKS	SONVIL	LE	F	Zip Çod	ြီသလ
	named entity submits this statement t	or the purpos	se of changing its	register	L						
the obligat	tions of registered agent.									_	
SIGNATURE	Fat Queens Signature, typod or printed name of registered ager		able (NOT	S. Damietara			when reinstating)		<u>a</u>	10/06	
	Signature, typed or praced matter or registered ager	If BUC me is appaid	aua, (NOI:	c. negasiere	a veet meeting	nd tedomen	midning de de de de de de la constanta de la c		OAIC		
Filing Fee is \$61.25 Due by May 1, 2006											
	- · · · · ·		9. Election Car Trust Fund (				\$5.00 May Banded to Fees			ck payable t artment of S	
10.	Due by May 1, 2006 OFFICERS AND D	IRECTORS	Trust Fund (	Contribut	ion.	LJA			Florida Dep	artment of S	tate
TITLE	OFFICERS AND D	IRECTORS		11.	ion.	<u> </u>	Added to Fees	ANGES TO OFF	ICERS AND I	artment of S	tate
TITLE NAME	OFFICERS AND D P STOKES, DAVID	IRECTORS	Trust Fund (	11. TITLS	ion.	P Emil 2151	Added to Fees  DDITIONS/CHA	ANGES TO OFF	ICERS AND I	artment of S  DIRECTORS IN  Change	tate
TITLE	OFFICERS AND D	PIRECTORS	Trust Fund (	11. TITLS NAM STRE	ion.	P Emil 2151	Added to Fees	ANGES TO OFF	ICERS AND I	artment of S  DIRECTORS IN  Change	tate
TITLE NAME STREET ADDRESS	P STOKES, DAVID 2931 ST. JOHNS AVE., #4	PRECTORS	Trust Fund (	11. TITLS NAM STRE	E E EET ADDRESS -ST-ZIP	P RMIII 2151 JACI	Added to Fees  DDITIONS/CH/	ANGES TO OFF	Florida Dep.	artment of S  DIRECTORS IN  Change	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P STOKES, DAVID 2931 ST. JOHNS AVE., #4 JACKSONVILLE, FL 32205 VPD STOKES, DAVID	IRECTORS	Trust Fund (	11. TITLE NAM STRE CITY TITLE NAM	E EE EET ADDRESS -ST-ZIP E	P RMIII 2151 JACI	Added to Fees  DDITIONS/CH/	ANGES TO OFF	Florida Dep.	DIRECTORS IN Change	tate  1 10  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P STOKES, DAVID 2931 ST. JOHNS AVE., #4 JACKSONVILLE, FL 32205 VPD STOKES, DAVID 2931 ST. JOHNS AVE., #4	DIRECTORS	Trust Fund (	11. TITLE NAM STRE CITY TITLE NAM STRE	E E EET ADDRESS -ST-ZIP	P RMIC 2131 JACI VPL RMI 213	Added to Fees DDITIONS/CHA LY WES KSON VILL LY WES LY WES	ANGES TO OFF	Florida Depricers AND I	artment of S DIRECTORS IN Change CAC	tate  1 10  Addition
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or 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: Patricia Jeens
SIGNATURE: Patricia Jeens
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0/10/06 Date

904.388.6640