

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90054 001 ****61.25

DOCUMENT # N13207 1. Entity Name PINE BLUFF OWNERS ASSOCIATION, INC.					
Principal Place of Business 2276 JADESTONE DR JACKSONVILLE, FL 32246 US			Mailing Address PO BOX 17305 JACKSONVILLE, FL 32245-7305 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 53-4444224	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PEPER, RICHARD C JR 8833 PERMITER PARK BLVD SUITE 602 JACKSONVILLE, FL 32216				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD HAUSBURG, CAROLYN F 2276 JADESTONE DRIVE JACKSONVILLE, FL 32248	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nancy Davis 2367 Ironstone Drive West Jacksonville, FL 32240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOGAN-MONTGOMERY, DATY 2414 BITTERNUT WAY JACKSONVILLE, FL 32246	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lean Perrinello 10737 Ironstone Dr. N Jacksonville, FL 32240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOTHER, SHIRLEY M 1305 ALDERMAN ROAD EAST JACKSONVILLE, FL 32211	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAROL GEARHART 2417 IRONSTONE DR W JACKSONVILLE, FL 32240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECK, MARIAN L 2353 JADESTONE COURT JACKSONVILLE, FL 32246	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOLANDE CHANOINE 2374 BITTERNUT WAY JACKSONVILLE, FL 32240	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, VELMA J 2419 BITTERNUT WAY JACKSONVILLE, FL 32246	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM ROURKE 2349 IRONSTONE DRIVE W JACKSONVILLE, FL 32240	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ 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: <i>Nancy J. Davis</i> <i>Jan. 24, 2006 (904) 996-7308</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					