


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90045 046 \*\*\*\*61.25

<b>DOCUMENT # N20610</b>		
1. Entity Name HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.		

40000505



Principal Place of Business 2250 PLAINFIELD AVE. ORANGE PARK, FL 32073 US	Mailing Address 2250 PLAINFIELD AVE. ORANGE PARK, FL 32073 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2903385	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POWELL, ROSEMARIE 2250 PLAINFIELD AVE. ORANGE PARK, FL 32073		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) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAMES, DENNIS			NAME	Fisher Guy		
STREET ADDRESS	210 ST. JOHNS AVE.			STREET ADDRESS	210 ST. JOHNS AVE.		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL			CITY-ST-ZIP	GREEN COVE SPGS, FL.		
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCOSH, DONALD			NAME	Mancosh Donald		
STREET ADDRESS	5075 STATE ROAD 13 N			STREET ADDRESS	5075 State Road 13N		
CITY-ST-ZIP	SAINT AUGUSTINE, FL			CITY-ST-ZIP	Saint Augustine, FL		
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, ROSEMARIE			NAME			
STREET ADDRESS	214 ST. JOHNS AVE.			STREET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPGS., FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, ALFORD			NAME	GRANT, ALFORD		
STREET ADDRESS	212 ST JOHNS AVE			STREET ADDRESS	201 N. MAGNOLIA AVE		
CITY-ST-ZIP	GREEN COVE SPGS., FL			CITY-ST-ZIP	GREEN COVE SPGS, FL.		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAS, BEVERLY			NAME			
STREET ADDRESS	3646 CATTAIL DR. S			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, FRANKLIN			NAME			
STREET ADDRESS	2250 PLAINFIELD AVE			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rosemarie Powell Rosemarie Powell 1-6-05 904264-6050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #