

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N20610 1. Entity Name HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2250 PLAINFIELD AVE. ORANGE PARK FL 32073 US			Mailing Address 2250 PLAINFIELD AVE. ORANGE PARK FL 32073 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, ROSEMARIE 2250 PLAINFIELD AVE. ORANGE PARK FL 32073				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, GUY		NAME		
STREET ADDRESS	210 ST. JOHNS AVE.		STREET ADDRESS		
CITY - ST - ZIP	GREEN COVE SPRINGS FL		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCOSH, DONALD		NAME		
STREET ADDRESS	5075 STATE ROAD 13 N		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE FL		CITY - ST - ZIP		
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, ALFORD		NAME		
STREET ADDRESS	201 N MAGNOLIA AVE		STREET ADDRESS		
CITY - ST - ZIP	GREEN COVE SPGS. FL		CITY - ST - ZIP		
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		



1st MOORE CR2E037 (10/05)

4. FEI Number
NO-T APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 resigning)

**FILE NOW: 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, GUY		NAME		
STREET ADDRESS	210 ST. JOHNS AVE.		STREET ADDRESS		
CITY - ST - ZIP	GREEN COVE SPRINGS FL		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANCOSH, DONALD		NAME		
STREET ADDRESS	5075 STATE ROAD 13 N		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE FL		CITY - ST - ZIP		
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANT, ALFORD		NAME		
STREET ADDRESS	201 N MAGNOLIA AVE		STREET ADDRESS		
CITY - ST - ZIP	GREEN COVE SPGS. FL		CITY - ST - ZIP		
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 exemptions contained in Section 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: Rosemarie Powell **Rosemarie Powell** 1-29-06 904-264-6051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #