

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 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**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWELL, ROSEMARIE
2250 PLAINFIELD AVE.
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FISHER, GUY
210 ST. JOHNS AVE.
GREEN COVE SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MANCOSH, DONALD
5075 STATE ROAD 13 N
SAINT AUGUSTINE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
POWELL, ROSEMARIE
214 ST. JOHNS AVE.
GREEN COVE SPGS., FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRANT, ALFORD
201 N MAGNOLIA AVE
GREEN COVE SPGS., FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PAPPAS, BEVERLY
3646 CATTAIL DR. S
JACKSONVILLE, FL 32223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POWELL, FRANKLIN
2250 PLAINFIELD AVE
ORANGE PARK, FL 32073**

000000588698
01/17/07-80083-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Rosemarie Powell* **Rosemarie Powell** 1-13-07 904-264-6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #