# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2008 8:00 am**
**Secretary of State**
01-14-2008 90103 023 ****61.25

DOCUMENT # N20610

1. Entity Name
HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2250 PLAINFIELD AVE.<br>ORANGE PARK, FL 32073 US | 2250 PLAINFIELD AVE.<br>ORANGE PARK, FL 32073 US |

01052008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| POWELL, ROSEMARIE<br>2250 PLAINFIELD AVE.<br>ORANGE PARK, FL 32073 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
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, 2008**

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 | D<br>FISHER, GUY<br>210 ST. JOHNS AVE.<br>GREEN COVE SPRINGS, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PAPPAS BEVERLY<br>3646 CATTAIL DR. S<br>JACKSONVILLE FL. 32223 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MANCOSH, DONALD<br>5075 STATE ROAD 13 N<br>SAINT AUGUSTINE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GLISSON GARY<br>212 ST. JOHNS AVE<br>GREEN COVE SPRINGS FL. 32043 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>POWELL, ROSEMARIE<br>214 ST. JOHNS AVE.<br>GREEN COVE SPGS., FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MANCOSH, DONALD<br>2 Hammock street<br>GREEN Cove SPRINGS FL, 32043 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRANT, ALFORD<br>201 N MAGNOLIA AVE<br>GREEN COVE SPGS., FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>PAPPAS, BEVERLY<br>3646 CATTAIL DR. S<br>JACKSONVILLE, FL 32223 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POWELL, FRANKLIN<br>2250 PLAINFIELD AVE<br>ORANGE PARK, FL 32073 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 the 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 1-10-08 9042646050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone