

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20610

FILED
Jan 12, 2009
Secretary of State

Entity Name: HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2250 PLAINFIELD AVE.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

2250 PLAINFIELD AVE.
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FISHER, GUY
Address: 210 ST. JOHNS AVE.
City-St-Zip: GREEN COVE SPRINGS, FL

Title: P () Delete
Name: MANCOSH, DONALD
Address: 2 HAMMOCK ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: STD () Delete
Name: POWELL, ROSEMARIE
Address: 214 ST. JOHNS AVE.
City-St-Zip: GREEN COVE SPGS., FL

Title: D () Delete
Name: GRANT, ALFORD
Address: 201 N MAGNOLIA AVE
City-St-Zip: GREEN COVE SPGS., FL

Title: D () Delete
Name: PAPPAS, BEVERLY
Address: 3646 CATTAIL DR. S
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: POWELL, FRANKLIN
Address: 2250 PLAINFIELD AVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE POWELL

STD

01/12/2009

Electronic Signature of Signing Officer or Director

Date