

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90129 039 *****61.25

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 **59-2903385**

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
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

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	JAMES, DENNIS	
STREET ADDRESS	210 ST. JOHNS AVE.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MANCOSH, DONALD	
STREET ADDRESS	5075 STATE ROAD 13 N	
CITY-ST-ZIP	SAINT AUGUSTINE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POWELL, ROSEMARIE	
STREET ADDRESS	214 ST. JOHNS AVE.	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, ALFORD	
STREET ADDRESS	212 ST JOHNS AVE	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, GUY	
STREET ADDRESS	208 ST JOHNS ST	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, FRANKLIN	
STREET ADDRESS	2250 PLAINFIELD AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 1-21-03 904-264-6050

CR2E037 (10/02)