
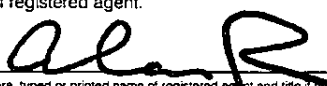
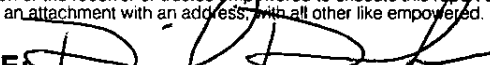


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90100 023 ****70.00

DOCUMENT # N29246 1. Entity Name ASSOCIATION OF VILLAGES OF FIRESIDE, INC.					
Principal Place of Business PROFESSIONAL COMMUNITY MGT. INC. #118 ORANGE PARK, FL 32065 US			Mailing Address PROFESSIONAL COMMUNITY MGT. INC. #118 ORANGE PARK, FL 32065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 786 Blanding Blvd #118		Suite, Apt. #, etc. 786 Blanding Blvd #118		4. FEI Number 59-2916816	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065	
Zip		Country		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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing 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	ANDERSON, WES		NAME		
STREET ADDRESS	2535 MOON HARBOR WAY		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURGESS, DONNA		NAME		
STREET ADDRESS	3135 FIELDCREST		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JEFF		NAME	D	
STREET ADDRESS	3175 FIELDCREST DR		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAENARD, WILLIAM		NAME	D	
STREET ADDRESS	3196 CHIMNEY DR		STREET ADDRESS	3255 Fieldcrest Dr.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUNCAN, JOHN		NAME	DT	
STREET ADDRESS	3421 CHIMNEY DR		STREET ADDRESS	Ken Belanga	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	3279 Chimney Dr.	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUROCHER, DAVID		NAME		
STREET ADDRESS	2595 SPRING MEADOW DR		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
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: 			417-06 (904) 298-2321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		