

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90024 015 ****61.25

DOCUMENT # N30879 1. Entity Name MIZNER COURT OWNERS ASSOCIATION, INC.			
Principal Place of Business 3617 CROWN PT ROAD STE 8 JACKSONVILLE, FL 32257 US		Mailing Address 3617 CROWN PT ROAD STE 8 JACKSONVILLE, FL 32257 US	
2. Principal Place of Business Suite, Apt. #, etc c/o Awakenings Assoc. Mgmt., Inc 4213 County Road 218 City & State Suite 1 Middleburg, Florida 32068 Zip		3. Mailing Address 01122006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2894947 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOCKLE, KATHY FIRST COAST MANAGEMENT 2617 CROWN PT RD #8 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Delcomyn, VINA Street Address (P.O. Box Number is Not Acceptable) 4213 County Rd 218 Suite 1 City Middleburg FL 32068	
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 <u><i>Vina C. Delcomyn</i></u> VINA Delcomyn <u>1/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUST, ESTELLE 4069 MIZNER CIR., S. JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLS, ROBERT 4052 MIZNER CT JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIX, JUNE 4010 MIZNER CT. S JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, WALTER 4138 MIZNER CT. E JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PLUMB, DENIS 8463 MIZNER CIR E JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Walter Jones</i></u> WALTER JONES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	