2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N30879

1. Entity Name MIZNER COURT OWNERS ASSOCIATION, INC.



FILED Feb 25, 2008 8:00 am Secretary of State

02-25-2008 90051 036 ****61.25

| | | | The state of the s | | | | |
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| | | Mailing Address C/O MAY MANAGEMEN 10036 SAWGRASS DRI PONTE VEDRA BEACH, | VE, W. #1 | | RIL BURN RURN BURN BURN BURN BURN BURN | L a i (110) | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01292008 Chg-NP | CR2E037 (12/06) | | |
| City & State | | City & State | | 4. FEI Number 59-2894947 | - 1 · · · | ed For | |
| Zip Country | | Zip | Country | 5. Certificate of Status Desired | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New | Registered Agent | | |
| | | | | | | | |
| MARKS, ANNA M 5455 A1A S SAINT AUGUSTINE, FL 32080 | | | Street Addr | ess (P.O. Box Number is Not Acceptab | ole) | | |
| SAINT AU | GUSTINE, FL 32080 | | | | | | |
| | | | City | | FL Zip Code | 1 | |
| 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 obligat | tions of registered agent. | | | | | | |
| SIGNATURE | | | | | | | |
| | Filing Fee Is \$61.25 | | mpaign Financing | TOTO 11.2, 20 1. 7. 1. | Make check payable to | | |
| | Due by May 1, 2008 | Trust Fund (| Contribution. | Added to Fees | orida Department of Stat | 8 | |
| 10. | OFFICERS AND DI | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 10 | , | |
| TITLE | D | ☐ Delete | TITLE | tole = mc =1000 | Change [| Addition | |
| NAME | BRUST, ESTELLE | | NAME J | ack E mc ElRoy 074 mizner Click S. | | | |
| STREET ADDRESS CITY-ST-ZIP | 4069 MIZNER CIR., S. JACKSONVILLE, FL | | STREET ADDRESS 4 | Tacksonville, FL 3221 | 17 | ļ | |
| | VP | | | lacksonville, I C 300 | | | |
| TITLE NAME | MULDOON, BOB | Delete | TITLE NAME | | Change (| ☐ Addition | |
| STREET ADDRESS | 4146 MIZNER CIR E | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32217 | | CITY-ST-ZIP | | | | |
| TITLE | P | ☐ Delete | TITLE | | ☐ Change | Addition | |
| NAME | TAYLOR, BARBARA | - Deide | NAME | | | - FAGRIOII | |
| STREET ADDRESS | 8430 MIZNER CIR W | | STREET ADDRESS | | | - 1 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32217 | | CITY-ST-ZIP | | | | |
| TITLE | s | ☐ Delete | TITLE | | ☐ Change | Addition | |
| NAME | PLYLER, JO ANNE | | NAME | | - | | |
| STREET ADDRESS | 4028 MIZNER CT | | STREET ADDRESS | | | 1 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32217 | | CITY-ST-ZIP | | | | |
| TITLE | DT | ☐ Delete | TITLE | | ☐ Change | ☐ Addition | |
| NAME | PLUMB, DENIS | | NAME | | | i | |
| STREET ADDRESS | | | STREET ADDRESS | | | 1 | |
| | 8463 MIZNER CIR E | | | | | i | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32217 | | CITY-ST-ZIP | | | | |
| TITLE | JACKSONVILLE, FL 32217 | ☐ Delete | CITY-ST-ZIP TITLE | | ☐ Change | ☐ Addition | |
| TITLE NAME | JACKSONVILLE, FL 32217 D KINGSNORTH, CHARLENE | ☐ Delete | CITY-ST-ZIP TITLE NAME | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | JACKSONVILLE, FL 32217 D KINGSNORTH, CHARLENE 4037 MIZNER CIR S | ☐ Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JACKSONVILLE, FL 32217 D KINGSNORTH, CHARLENE | | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | singd in Chanter 119 Sheida Statussa | | | |

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:

Barbara Jaylor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR