

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N33722

1. Entity Name
CITY-MART CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**NINE SOUTH THIRD STREET
FERNANDINA BEACH, FL 32034**

Mailing Address
**NINE SOUTH THIRD STREET
FERNANDINA BEACH, FL 32034**



02202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2966709** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BASS, CECILE EVANS
4655 SALISBURY ROAD, SUITE 120
JACKSONVILLE, FL 32256**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COTNER, JOHN M.
STREET ADDRESS	NINE S. THIRD STREET
CITY-ST-ZIP	FERNANDINA BCH, FL
TITLE	VSD
NAME	COLWELL, STEPHEN P.
STREET ADDRESS	218 CENTRE STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL
TITLE	VTD
NAME	DAVIS, JOHN
STREET ADDRESS	2815 OCEANVIEW COURT
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000491498
04/13/06-80024-020 61.25

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IN THIS SPACE**

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: **John M Cotner** **4/3/06** **904-277-4593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #