

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 03, 2006 8:00 am
Secretary of State

03-15-2006 90091 042 ****61.25

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02222006 Chg-NP CR2E037 (11/05)

DOCUMENT # N34096					
1. Entity Name DOCTORS LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O REMAX SPECIALISTS 1008 PARK AVENUE ORANGE PARK, FL 32073			Mailing Address C/O REMAX SPECIALISTS 1008 PARK AVENUE ORANGE PARK, FL 32073		
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 59-2975994	
				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			7. Name and Address of New Registered Agent		
HALL, JANE A MANGER C/O REMAX SPECIALIST 1008 PARK AVENUE 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 _____ (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	BUTLER, KATHY D		NAME		
STREET ADDRESS	3190 NAUTILUS		STREET ADDRESS		
CITY-STATE-ZIP	MIDDLEBURG, FL 32068		CITY-STATE-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEEVEE, TERRY		NAME		
STREET ADDRESS	3046 NAUTILUS ROAD		STREET ADDRESS		
CITY-STATE-ZIP	MIDDLEBURG, FL 32068		CITY-STATE-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RINALDI, STEPHEN		NAME		
STREET ADDRESS	3064 NAUTILUS ROAD		STREET ADDRESS		
CITY-STATE-ZIP	MIDDLEBURG, FL 32068		CITY-STATE-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILES, JASON		NAME		
STREET ADDRESS	3052 NAUTILUS ROAD		STREET ADDRESS		
CITY-STATE-ZIP	MIDDLEBURG, FL 32068		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SCOTT & Cindy Winton	
STREET ADDRESS			STREET ADDRESS	3122 Nautilus	
CITY-STATE-ZIP			CITY-STATE-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: <u>Jane A Hall</u> <u>JANE A. Hall</u> <u>2/22/06</u> <u>904-276-0412</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					