

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90196 032 ****61.25

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**

60001843



2. Principal Place of Business - No P.O. Box #
767 Blanding Blvd

3. Mailing Address
767 Blanding Blvd

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.
Suite 112

01102007 Chg-NP CR2E037 (12/06)

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number
59-2975994

Applied For
☐ Not Applicable

Zip
32065

Country
USA

Zip
32065

Country
USA

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

6. Name and Address of Current Registered Agent

**HALL, JANE A MANGER
C/O REMAX SPECIALIST
1008 PARK AVENUE
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name **CHRISTOPHER M. JACKSON**

Street Address (P.O. Box Number is Not Acceptable)
**767 Blanding Blvd
Suite 112**

City **ORANGE PARK**

FL

Zip Code **32065**

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

Chris M. Jackson

CAM

1/10/7

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUTLER, KATHY D**
STREET ADDRESS **3190 NAUTILUS**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **P** ☐ Delete
NAME **LEVEE, TERRY**
STREET ADDRESS **3046 NAUTILUS ROAD**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **ST** ☐ Delete
NAME **RINALDI, STEPHEN**
STREET ADDRESS **3064 NAUTILUS ROAD**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **VP** ☒ Delete
NAME **MILES, JASON**
STREET ADDRESS **3052 NAUTILUS ROAD**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **D** ☐ Delete
NAME **WINTON, SCOTT & CINDY**
STREET ADDRESS **3122 NAUTILUS**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **OLIVIO, SCOTT**
STREET ADDRESS **3112 NAUTILUS RD.**
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Chris M. Jackson

Management

1/10/7

904-276-0412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #