


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90093 008 ****70.00

DOCUMENT # N45760 1. Entity Name CONCORD OWNER'S ASSOCIATION, INC.			
Principal Place of Business 1732 KINGSLEY AVE., STE 202 ORANGE PARK, FL 32073		Mailing Address 1732 KINGSLEY AVE STE 202 ORANGE PARK, FL 32073 US	
2. Principal Place of Business Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065		3. Mailing Address Suite, Apt. #, etc. Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32065		Zip 32065	
Country US		Country US	
4. FEI Number 57-0943842			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALAN PERRY 1732 KINGSLEY AVE STE 202 ORANGE PARK, FL 32073			
7. Name and Address of New Registered Agent Name Alan Perry Street Address (P.O. Box) 786 Blanding Blvd. #118 Orange Park, FL 32065 City 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 <u><i>Alan Perry</i></u> ALAN PERRY <u><i>2 MAR 05</i></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 \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DV QUAN, KENSON <input checked="" type="checkbox"/> Delete 702 KETTERING WAY ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATHRYNE, STARNES <input type="checkbox"/> Delete 803 KETTERING WAY ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS IMBURGIA, JOHN <input type="checkbox"/> Delete 1505 KETTERING WAY ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILVARY, JOHN <input checked="" type="checkbox"/> Delete 1106 KETTERING WAY ORANGE PARK, FL 32073	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
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 exemption stated in Section 119.07(3)(i), 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>Sam Hayes</i></u> SAM HAYES <u><i>2 MAR 05 904-298-2321</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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