


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90820 016 \*\*\*\*70.00

<b>DOCUMENT # N45760</b> 1. Entity Name <b>CONCORD OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROFESSIONAL COMMUNITY MGT. INC.</b> <b>756 BLANDING BLVD. #118</b> <b>ORANGE PARK, FL 32065</b>			Mailing Address <b>PROFESSIONAL COMMUNITY MGT. INC.</b> <b>756 BLANDING BLVD. #118</b> <b>ORANGE PARK, FL 32065 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-0943842</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALAN PERRY</b> <b>786 BLANDING BLVD. #118</b> <b>ORANGE PARK, FL 32065</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOYNER, KASANDRA		NAME		
STREET ADDRESS	1002 KETTERING WY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, SAM		NAME		
STREET ADDRESS	1206 KETTERS WAY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTS, LES		NAME		
STREET ADDRESS	603 KETTERING WY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>NALLIGAN</del> , JULIE		NAME	<b>SD Julie Halligan</b>	
STREET ADDRESS	1201 KETTERING WY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIAND, PEGGY		NAME		
STREET ADDRESS	1404 KETTERING WY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Sam Hayes</i>			<i>4/27/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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