

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90021 010 \*\*\*\*61.25

**DOCUMENT # N96000000647**

1. Entity Name  
**HATTON CHASE ASSOCIATION, INC.**



Principal Place of Business  
**7600 ARLINGTON EXPY  
JACKSONVILLE, FL 32211**

Mailing Address  
**7600 ARLINGTON EXPY  
JACKSONVILLE, FL 32211**

**40018391**



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

3. Mailing Address

**P.O. BOX 50886**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

**Jacksonville Beach, FL**

4. FEI Number  
**59-3363410**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32240**

**Duval**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTRELL, BRYAN  
RIVER CITY MANAGEMENT SERVICES  
7600 ARLINGTON EXPY  
JACKSONVILLE, FL 32211**

Name **River City Management Services**  
Street Address (P.O. Box Number is Not Acceptable)

**7600 Arlington Expressway  
Jacksonville FL 32211**

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

**Shaileen Thompson**

**1/8/08**

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **DAVIS, GREG**  
STREET ADDRESS **14576 CARDINGTON CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **ABDULLAH KABBANI**  
STREET ADDRESS **12572 BRIARMEAD LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **V** ☒ Delete  
NAME **FULLER, JIM**  
STREET ADDRESS **14510 CHESHAM CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **JIM FULLER**  
STREET ADDRESS **14510 CHESHAM COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **S** ☒ Delete  
NAME **ZIMINSKI, RICK**  
STREET ADDRESS **12480 HALTON CHASE LANE E**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **PETER JEGA**  
STREET ADDRESS **14471 CHESHAM COURT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **T** ☐ Delete  
NAME **PORT, CAROLYN**  
STREET ADDRESS **14495 CHESHAM CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **VP** ☐ Change ☒ Addition  
NAME **KARSTEN BRINSON**  
STREET ADDRESS **14653 CAMBERWELL LANE N.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

TITLE **D** ☒ Delete  
NAME **BOURG, CARLA**  
STREET ADDRESS **14578 CAMBERWELL LANE S.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32258**

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

TITLE ☐ Delete  
NAME  
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:

**Shaileen Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-08**

DATE

**904-292-0916**

DAYTIME PHONE #