

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 037 ****61.25

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1. Entity Name
DRAYTON PLACE OWNERS ASSOCIATION, INC.



Principal Place of Business
SIGNATURE REALTY
9889-1 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

Mailing Address
9889-1 SAN JOSE BLVD
JACKSONVILLE, FL 32257 US

14020264



2. Principal Place of Business
12166 Biggley Court
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 19004
Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State
Jacksonville FL
Zip
32224
Country
USA

City & State
Jacksonville, FL
Zip
32246
Country
USA

4. FEI Number
59-3425853
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANTRELL, BRYAN
9889-1 SAN JOSE BLVD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name
David L Tagliaferri
Street Address (P.O. Box Number is Not Acceptable)
12166 Biggley Court
City
Jacksonville FL Zip Code
32224

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 *David L Tagliaferri*
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, 2004

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VAN, RON
4248 RIPKEN CIR. E
JACKSONVILLE, FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
YAEGER, BILL
4240 RIPKEN CIR. E
JACKSONVILLE, FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOWARD, MICHAEL
12173 RIPKEN CIR. N.
JACKSONVILLE, FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RICHARDS, SHANNON
4156 RIPKEN CIR. W
JACKSONVILLE, FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
COMPTON, COREY
4164 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JAMES PONTEILLO
12152 Big Bay Ct
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BARBARA McNEIL
4131 Ripken Cir. W.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DAVID TAGLIAFERRI
12166 Biggley Ct.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SANDY TAYLOR
12173 MANTLE DR.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEIGH KOON
12165 Biggley Ct.
JACKSONVILLE, FL 32224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KARA DONLEY
12237 Gehrig Dr.
JACKSONVILLE, FL 32224 ☒ Change ☐ 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: *James J. Pontello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/04
Date

Daytime Phone #