

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000004757	
1. Entity Name: DRAYTON PLACE OWNERS ASSOCIATION, INC.	



FILED
07 OCT 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US	Mailing Address 12620-3 BEACH BLVD. #301 JACKSONVILLE, FL 32246 US
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2. Principal Place of Business - No P.O. Box # <i>786 Blanding Blvd.</i>	3. Mailing Address <i>786 Blanding Blvd</i>
Suite, Apt. #, etc. <i>Suite 118</i>	Suite, Apt. #, etc. <i>Suite 118</i>
City & State <i>Orange Park FL</i>	City & State <i>Orange Park FL</i>
Zip <i>32065</i>	Zip <i>32065</i>
Country <i>US</i>	Country <i>US</i>

09212007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3425853	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD. STE. 118 ORANGE PARK, FL 32065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, SANDY 12177 MANTLE DRIVE JACKSONVILLE, FL 32224 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Terri Green 12267 Mantle Dr. Jacksonville, FL 32224 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAELIN, DAN 4364 RIPLIN CIRCLE W JACKSONVILLE, FL 32224 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Billy DAVIS 12207 Mantle Dr. Jacksonville FL 32224 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLAS, DENISE 4316 RIPLIN CIRCLE W JACKSONVILLE, FL 32224 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jesse Brown 4274 Ripken Circle W Jacksonville FL 32224 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete <i>11/12/18</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ron Van 4248 Ripken Circle E. Jacksonville, FL 32224 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 or without like empowered.

SIGNATURE: *Terri Green* 11 Oct 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TERRI GREEN