

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000916

1. Entity Name

2363 DUNN AVENUE ASSOCIATION, INC.



Principal Place of Business

2363 DUNN AVENUE
JACKSONVILLE, FL 32218

Mailing Address

2363 DUNN AVENUE
JACKSONVILLE, FL 32218



04052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3438028

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, WESLEY R
2430 LOS ROBLES DRIVE
FERNANDINA BEACH, FL 32034

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IN THIS SPACE**

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GARNER, DAVID T
STREET ADDRESS	5205 LEEWARD COVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	SVD
NAME	GARNER, SUELLEN R
STREET ADDRESS	5205 LEEWARD COVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	ENGLISH, STEPHEN C
STREET ADDRESS	2363 DUNN AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000505365
04/26/06-80112-016 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone If