

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 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



01292008 No Chg-NP

CR2E037 (4/06)

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GARNER, DAVID T
5205 LEEWARD COVE
FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
GARNER, SUELLEN R
5205 LEEWARD COVE
FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGLISH, STEPHEN C
2363 DUNN AVE
JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000828186
02/25/08-80002-007 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 #