

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90023 014 \*\*\*\*61.25

**DOCUMENT # N98000002253**

1. Entity Name  
**THORNEWOOD PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**920 THIRD ST.  
STE B  
NEPTUNE BEACH, FL 32266**

Mailing Address  
**920 THIRD ST.  
STE B  
NEPTUNE BEACH, FL 32266**

400700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3557607**

Applied For  
Not Applicable

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

**WALLACE, L. DENISE  
920 THIRD ST.  
STE B  
NEPTUNE BEACH, FL 32266**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME KNOWLES, DUANE  
STREET ADDRESS 11874 MAGNOLIA FALLS DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32258

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

TITLE VD ☐ Delete  
NAME DUCHARME, RICHARD  
STREET ADDRESS 5301 WINROSE FALLS DR  
CITY-ST-ZIP JACKSONVILLE, FL 32258

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

TITLE STD ☒ Delete  
NAME KING, BRIAN M  
STREET ADDRESS 11735 MAGNOLIA FALLS DR.  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE STD ☐ Change ☒ Addition  
NAME Frost, David P.  
STREET ADDRESS 5374 Winrose Falls Drive  
CITY-ST-ZIP Jacksonville, FL 32258

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/06**

Date

**242-0666**

Daytime Phone #