

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003347

FILED
Jul 22, 2009
Secretary of State

Entity Name: GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

6500 BCH BLVD
JACKSONVILLE, FL 32216

New Principal Place of Business:

6500 BEACH BLVD.
JACKSONVILLE, FL 32216

Current Mailing Address:

POST OFFICE BOX 10212
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-3514574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIAR, ANN E
6500 BEACH BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DENNEY, DONNA
Address: 6417 LOU COURT
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: POTTER, VERONICA
Address: 6129 SACK DRIVE N
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: HAMEL, JOHN
Address: 2466 PROVOST COURT
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: OWENS, MARK
Address: 6240 BENNETT ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: LEON, JOHN
Address: 2117 SAUL DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: NESBITT, KEVIN
Address: 2161 WEST ROAD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: COOK, LARRY
Address: 2549 EAST PROVOST RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: T (X) Change () Addition
Name: PRADO, DEBBIE
Address: 2412 TEBASSA RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE PRADO

T

07/22/2009

Electronic Signature of Signing Officer or Director

_____ Date