

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 28, 2006 08:00 AM  
Secretary of State

DOCUMENT # N98000005079

1. Entity Name  
FLORA PARKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
2120 CORPORATE SQUARE BLVD. SUITE 3  
JACKSONVILLE, FL 32216

Mailing Address  
2120 CORPORATE SQUARE BLVD. SUITE 3  
JACKSONVILLE, FL 32216



04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3582469

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEMANIK, JOHN A  
2120 CORPORATE SQUARE BLVD. SUITE 3  
JACKSONVILLE, FL 32216

**DO NOT WRITE  
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 reelecting)

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

000000540214-  
05/10/06-R00008-024 61.25

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD. SUITE 3 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LESNIAK, JENNIE 2120 CORPORATE SQ. BLVD, #3 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARPENTER, KATHERINE 2120 CORPORATE SQ BLVD STE 3 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERT, JILL 2120 CORPORATE SQ BLVD #3 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

*Katherine S. Carpenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 (904) 724-7800  
KATHERINE S. CARPENTER  
Date Daytime Phone #