

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000028341**

1. Entity Name  
**JACKSONVILLE BEACH CONDOMINIUMS, INC.**



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 27 PM 4:58

Principal Place of Business  
6 FAIRFIELD BLVD, STE 3  
PONTE VEDRA BEACH, FL 32082

Mailing Address  
6 FAIRFIELD BLVD, STE 3  
PONTE VEDRA BEACH, FL 32082



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0752903

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

F&L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BUCKLEY, RONALD F
STREET ADDRESS	6 FAIRFIELD BLVD, STE 3
CITY- ST- ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

100072701751  
04/28/06--01027--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

1000  
4/27

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 607, 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

LESTER GARRIPPE  
SENIOR VICE PRES.

4/20/06  
Date

904 280 4004  
Daytime Phone #