### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004962

Entity Name: 1951 MARKET CONDOMINIUM ASSOCIATION, INC.

**FILED** Apr 30, 2019 **Secretary of State** 8100031629CC

# **Current Principal Place of Business:**

1951 MARKET STREET N. MANAGER BOX

JACKSONVILLE, FL 32206

## **Current Mailing Address:**

1951 MARKET STREET N. MANAGER BOX JACKSONVILLE, FL 32206

FEI Number: 20-8530069 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MORSE, STEVEN 1951 MARKET STREET N. MANAGER BOX JACKSONVILLE, FL 32206 US

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: STEVEN HUNTER MORSE

04/30/2019

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title VΡ

Name CALLAHAN, CHRIS Name BITTOF, JULIE

1951 MARKET STREET N. 1951 MARKET STREET N. Address Address

MANAGER BOX MANAGER BOX

City-State-Zip: JACKSONVILLE FL 32206 City-State-Zip: JACKSONVILLE FL 32206

Title **SECRETARY** Title **TREASURER** Name FRYE, SHARON Name MORSE, STEVEN

Address 1951 MARKET STREET N. Address 1951 MARKET STREET N.

> MANAGER BOX MANAGER BOX

City-State-Zip: JACKSONVILLE FL 32206 City-State-Zip: JACKSONVILLE FL 32206

**DIRECTOR** Title SIMON, LISA Name

1951 MARKET STREET N. Address

MANAGER BOX

City-State-Zip: JACKSONVILLE FL 32206

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER CALLAHAN

**PRESIDENT** 

04/30/2019