

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004962

Entity Name: 1951 MARKET CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1951 N. MARKET ST.
MANAGER BOX
JACKSONVILLE, FL 32206**Current Mailing Address:**1951 N. MARKET ST.
MANAGER BOX
JACKSONVILLE, FL 32206 US**FEI Number:** 20-8530069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLISON LARSON
1951 N. MARKET ST
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:** MARY JO KILCULLEN

03/19/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DEVILLE, SONIA
Address 1951 N. MARKET ST.
MANAGER BOX
City-State-Zip: JACKSONVILLE FL 32206

Title PRESIDENT
Name LARSON, ALISON
Address 1951 N MARKET ST UNIT B
City-State-Zip: JACKSONVILLE FL 32206

Title SECRETARY
Name DEVILLE, SONIA
Address 1951 N MARKET ST
UNIT 13
City-State-Zip: JACKSONVILLE FL 32206

Title BOARD MEMBER
Name BITTOF, ED
Address 1951 N MARKET ST
UNIT 15
City-State-Zip: JACKSONVILLE FL 32206

Title TREA
Name JO KILCULLEN, MARY
Address 1951 N MARKET STREET
City-State-Zip: JACKSONVILLE FL 32206

Title VICE PRESIDENT
Name ALLEGRETTI, MARY
Address 1951 N. MARKET ST.
UNIT 10
City-State-Zip: JACKSONVILLE FL 32206

Title TREASURER
Name KILCULLEN, MARY JO
Address 1951 N MARKET ST
UNIT 1
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: MARY JO KILCULLEN**TREASURER**

03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date