

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20610

**Entity Name:** HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4213 COUNTY ROAD 218,SUITE 1  
MIDDLEBURG, FL 32068**Current Mailing Address:**4213 COUNTY ROAD 218, SUITE 1  
MIDDLEBURG, FL 32068 US**FEI Number:** 94-1687665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AWAKENINGS ASSOCIATION MANAGEMENT INC  
4213 COUNTY ROAD 218, SUITE 1  
MIDDLEBURG, FL 32068 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:** VINA C DELCOMYN

01/30/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S/TD  
Name FISHER, GUY  
Address 210 ST. JOHNS AVE.  
City-State-Zip: GREEN COVE SPRINGS FL

Title DIRECTOR  
Name POWELL, ROSEMARIE  
Address 214 ST. JOHNS AVE.  
City-State-Zip: GREEN COVE SPGS. FL

Title DIRECTOR.  
Name GARY, GLISSON  
Address 200 ST. JOHNS AVE.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title VPD.  
Name BROWN, LEON  
Address 200 ST. JOHNS AVE.  
City-State-Zip: GREEM COIVE SPRINGS FL 32043

Title D  
Name GRANT, ALFORD  
Address 201 N MAGNOLIA AVE  
City-State-Zip: GREEN COVE SPGS. FL

Title PD  
Name FISHER, SANDY  
Address 210 ST JOHN AVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** SANDY FISHER**PRESIDENT**

01/30/2014

Electronic Signature of Signing Officer/Director Detail

Date