FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED							
Mar 09 1998 8:00am							
Secretary of State							

SOUTHERN OAKS ASSOCIATION, INC.								
Principal Place of Business Mailing Address					- 1753/11/10000 31/10/100/19/10/100/19/10/			
7601 TIMBERWOOD DR. 7601 TIMBERWOOD DR. JACKSONVILLE FL 32256 JACKSONVILLE FL 32256					3. Date Incorporated or Qualified 04/21/1975		<u> </u>	
					4. FEI Number NOT APPLICABLE		lied For Applicable	
2. Principal Place of Business 2a. Mailting Address 21					1	□ \$8.75 Ad		
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	6. Election Campaign Financing	Fee Requ \$5.00 Ma		
27				Trust Fund Contribution Added to Fees				
City & Stat	0	City & State			7. Is this nonprofit corporation a horpeowners association? Yes No			
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent	81 1	lame	10. Name and Address of New Regis	stered Agent		
ADAMS, ADAM G III 1 INDEPENDENT DRIVE				treet Address (P.O. Box Number is Not Acceptable)				
SUITE 3131			83					
JACKSONVILLE FL 32202			84 (City		85 Zip Co	de	
11. Pursuant	to the provisions of Sections 617.0502	ration submits this statement for the pur-	pose of changing its r	registered				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE							i	
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Agent e	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE	(NI 10	
TITLE	CD OFFICERS AND	DELETÉ	1.1 TITLE	CD			Addition	
NAME	PIHL, JACK		1.2 NAME	Do	NALD R. GURNEY	23 0		
STREET ADDRESS	7604 COVEWOOD DR.		1.3 STREET ADI	RESS 76	17 PLUM WOOD DR.			
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY - ST - Z	P JA	CKSONVILLE FL 32256			
TITLE	CD	DELETE	2.1 TITLE	>		☐ Change	Addition	
NAME	gordon, herb		2.2 NAME	-				
STREET ADDRESS	7619 TIMBERWOOD DRIVE		2.3 STREET ADD	PRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		2. 4 CITY - ST - Z	IP .				
TITLE	D	DELETE	3.1 TITLE	D	*	☐ Change T	Addition	
NAME	HLEBAK, JEANNE		3.2 NAME	JA	MES GRIFFIN			
STREET ADDRESS	7621 PLUMWOOD DRIVE		3.3 STREET ADD	RESS 109	OU MERRYWOOD DR.			
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4. CITY-ST-Z		CKSONVILLE FL 32256			
TITLE	TD	≥ DELETE	4.1 TITLE	TD	NET FERGUSON	☑ Change	Addition	
NAME	STAG PLINING OF POWE		4. 2 NAME	1	33 PLUMWOOD DE			
STREET ADDRESS	7702 PLUMWOOD DRIVE		4.3 STREET ADD		_	,		
CITY-ST-ZIP	JACKSONVILLE FL 32256	≥ DELETE	4.4 CITY - ST - ZI		CKEONVILLE FL 32156		Addition	
TITLE	POOLE, GERTIE	KA DECEIE	5.1 TITLE	D	LDRED SCHMUHL	Les Change	Addition	
NAME CTOTET ADDRESS	11005 STARWOOD DR.		5.2 NAME	سرزو ا	og STARWOOD DR.			
STREET ADDRESS	JACKSONVILLE FL 32256		5.3 STREET ADD	mess Page	KSONVILLE FL 31156			
CITY-ST-ZIP TITLE	WORSONVILLE PL 32230	☐ DELETÉ	5.4 CITY-ST-ZI 6.1 TITLE	50	• • • • • • • • • • • • • • • • • • • •	Change 2	Addition	
NAME .	HACKETT, REBECCA		6.2 NAME		GGY STRICKLAND	किया गामानीय ह	Provision	
STREET ADDRESS	7606 PLUMWOOD DR.		6.3 STREET ADD	RESS 116	DOT MERRYWOOD DR.		:	
CHIEFT CHOUSE OF			V.O DINELI AUD		— · · · — · · · · · · · · · · · · · · ·			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

JACKSONVILLE FL 32256

CITY-ST-ZIP

JACKSONVILLE FL 32156

and-202-0960