

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90014 004 ****61.25

DOCUMENT # 732511

1. Entity Name

SOUTHERN OAKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7601 TIMBERWOOD DR.
 JACKSONVILLE FL 32256**

**7601 TIMBERWOOD DR.
 JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIMM, COURTNEY
 101 E. ADAMS STREET
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
 NAME **CAMPBELL, DEB**
 STREET ADDRESS **7613 PLUMWOOD DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **C** ☐ Change ☐ Addition
 NAME **Chairperson**
 STREET ADDRESS **WATKINS, GLENDA**
 CITY-ST-ZIP **7602 Timberwood Drive**
JACKSONVILLE, FL 32256

TITLE **T** ☒ Delete
 NAME **AULTMAN, MARIE**
 STREET ADDRESS **7645 ERINWOOD CT.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **S** ☐ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **ROBINSON, JANET**
 CITY-ST-ZIP **11016 STARWOOD Drive**
JACKSONVILLE, FL 32256

TITLE **D** ☒ Delete
 NAME **BAKER, FRANK**
 STREET ADDRESS **7620 SUNWOOD DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **T** ☐ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **Shipp, KATHY**
 CITY-ST-ZIP **7714 ERINWOOD COURT**
JACKSONVILLE, FL 32256

TITLE **D** ☒ Delete
 NAME **PATTISHALL, SHIRLEY**
 STREET ADDRESS **7628 SUNWOOD DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Change ☐ Addition
 NAME **CHENAU, RONALD**
 STREET ADDRESS **7702 ERINWOOD COURT**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **C** ☒ Delete
 NAME **GREEN, BILLY**
 STREET ADDRESS **7613 SUNWOOD DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Change ☐ Addition
 NAME **Hale, Lisa**
 STREET ADDRESS **7625 SUNWOOD Drive**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
 NAME **KERSHAW, EILEEN**
 STREET ADDRESS **10901 MOOREWOOD DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Change ☐ Addition
 NAME **JENKINS, JERRY**
 STREET ADDRESS **11021 STARWOOD Drive**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

12. 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 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 617, 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: **GLENDA WATKINS** **3-30-02** **904-292-0960**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachmen

836497
#732511

D

Johnson, Jimmy
7602 Plumwood Drive
JACKSONVILLE, FL 32256

D

Sejeck, FRANK
11008 Creekwood Drive
JACKSONVILLE, FL 32256