

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90075 034 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # 732511	
1. Entity Name SOUTHERN OAKS ASSOCIATION, INC.	



Principal Place of Business 7601 TIMBERWOOD DR. JACKSONVILLE FL 32256	Mailing Address 7601 TIMBERWOOD DR. JACKSONVILLE FL 32256
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2. Principal Place of Business 7601 TIMBERWOOD DR	3. Mailing Address 7601 TIMBERWOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32256	Zip 32256
Country DUVAL	Country DUVAL

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIMM, COURTNEY 101 E. ADAMS STREET JACKSONVILLE FL 32202	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C LAMACH, HARLAND 10718 STARWOOD DR JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DON GUANEY 7617 PLUMWOOD DR JACKSONVILLE FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HLEBAK HLEBECK, JEANNE 7604 TIMBERWOOD DR JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WANDA SEARS 7503 COVEWOOD DR JACKSONVILLE FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREEN, BILLY M SR 7613 SUNWOOD DR JACKSONVILLE FL 32256 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIKE HINSON 10916 HERRYWOOD DR JACKSONVILLE FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CREAGER, MARY JO 7722 ERINWOOD CT E JACKSONVILLE FL 32256 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NANCY CARTER 10918 HERRYWOOD DR JACKSONVILLE FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, RONALD P 10914 STARWOOD DR JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VICTOR PODESKO 7641 SUNWOOD DR JACKSONVILLE FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, FRANCES 7641 ERINWOOD CT W JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 JEANNE HLEBAK SEC. 2-24-05 (904) 292 0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #