2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# 732511

Entity Name: SOUTHERN OAKS ASSOCIATION, INC.

Current Principal Place of Business:

7601 TIMBERWOOD DR.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7601 TIMBERWOOD DR.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2488595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	LAMACH, HARLAND	
Address:	10918 STARWOOD DR	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	S	( ) Delete
Name:	HUBBARD, PATRICIA	
Address:	7603 PLUMWOOD DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	T	( ) Delete
Name:	HONNOLD, LINDA	
Address:	11018 STARWOOD DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	SEARS, WANDA	
Address:	7503 COVEWOOD DR	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	PODEJKO, VICTOR	
Address:	7641 SUNWOOD DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	DAVIS, FRANCES	
Address:	7641 ERINWOOD CT W	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GURNEY, DONALD	
Address:	7617 PLUMWOOD DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32256	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GWENDOLYN R. WIER CAM 02/04/2008
Electronic Signature of Signing Officer or Director — Date