

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2006  
Secretary of State**

DOCUMENT# N01000002633

**Entity Name:** THE SHOPPES AT GRANDE OAK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

121 WEST FORSYTH STREET  
SUITE 200  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

121 WEST FORSYTH STREET  
SUITE 200  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-3754726      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

F & L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
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: DP      ( ) Delete  
Name: FLEMING, THOMAS  
Address: 121 WEST FORSYTH ST., STE. 200  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVT      ( ) Delete  
Name: MCNULTY, DAVE  
Address: 121 WEST FORSYTH ST., STE. 200  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DS      ( ) Delete  
Name: YANOPOULOS, JOHN J  
Address: 9375 SW 93RD PLACE  
City-St-Zip: MIAMI, FL

Title: VP      ( ) Delete  
Name: MILLER, KATHY D  
Address: 121 WEST FORSYTH ST. STE. 200  
City-St-Zip: JACKSONVILLE, FL 32202

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY D. MILLER

VP

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date