

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

DOCUMENT # N01000006024

1. Entity Name
SOUTHERN GROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4300 MARSH LANDING BOULEVARD
SUITE 101
JACKSONVILLE BEACH, FL 32250

Mailing Address
4300 MARSH LANDING BOULEVARD
SUITE 101
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business
5455 US Highway A1A S.

3. Mailing Address
5455 A1A South

City & State
St. Augustine, FL
Zip 32080
Country US

City & State
St. Augustine, FL
Zip 32080
Country US

10272005 Chg-NP CR2E037 (10/03)

4. FEI Number
APPLIED FOR 593750105
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



FILED
05 NOV 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

FINLAY, CHRISTOPHER C
4300 MARSH LANDING BOULEVARD
SUITE 101
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name May Management Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
5455 A1A South
City St. Augustine FL Zip Code 32080

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 Cynthia H. O'Neil Cynthia H. O'Neil 11/9/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FINLAY, CHRISTOPHER	
STREET ADDRESS	4300 MARSH LANDING BLVD. #101	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GABRISZESKI, NANCY E	
STREET ADDRESS	4300 MARSH LANDING BLVD. #101	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Preslar, Henry	
STREET ADDRESS	8601 Beach Blvd Unit 201	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeGuzman, Dennis	
STREET ADDRESS	8601 Beach Blvd Unit 1104	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Rogerson	
STREET ADDRESS	8601 Beach Blvd Unit 915	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annita Timberlake	
STREET ADDRESS	8601 Beach Blvd Unit 1204	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	Direct At Large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Edwards	
STREET ADDRESS	8601 Beach Blvd Unit 1421	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800061551808	
STREET ADDRESS	11/18/05--01053--001 **61.25	
CITY-ST-ZIP		

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: H. Donald Preslar H. DONALD PRESLAR 11/15/05 904-732-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #