

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-20-2006 90058 016 \*\*\*\*61.25  
N01000006024  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 17 AM 9:41

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<b>DOCUMENT # N01000006024</b> 1. Entity Name SOUTHERN GROVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5455 US HIGHWAY A1A S ST AUGUSTINE, FL 32080	Mailing Address 5455 US HIGHWAY A1A S ST AUGUSTINE, FL 32080
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3750105
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

02022006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  MAY MANAGEMENT SERVICES INC. 5455 A1A SOUTH ST AUGUSTINE, FL 32080	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P PRESLAR, HENRY	TITLE	
NAME		NAME	
STREET ADDRESS	8601 BEACH BLVD UNIT 201	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T DEGUSZMAN, DENNIS	TITLE	
NAME		NAME	
STREET ADDRESS	8601 BEACH BLVD UNIT 1104	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP ROGERSON, TOM	TITLE	
NAME		NAME	
STREET ADDRESS	8601 BEACH BLVD UNIT 915	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S TIMBERLAKE, ANNITA	TITLE	
NAME		NAME	
STREET ADDRESS	8601 BEACH BLVD UNIT 1204	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D EDWARDS, JOYCE	TITLE	
NAME		NAME	
STREET ADDRESS	8601 BEACH BLVD UNIT 1421	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Henry D. Preslar HENRY D. PRESLAR 2/13/06 904-232-4996

Date: \_\_\_\_\_