


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 015 ****61.25

DOCUMENT # N01000006024

1. Entity Name
SOUTHERN GROVE CONDOMINIUM ASSOCIATION, INC.



60009612



Principal Place of Business
**5455 US HIGHWAY A1A S
 ST AUGUSTINE, FL 32080**

Mailing Address
**5455 US HIGHWAY A1A S
 ST AUGUSTINE, FL 32080**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3750105 Applied For
 Not Applicable

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

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 **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESLAR, HENRY			NAME			
STREET ADDRESS	8601 BEACH BLVD UNIT 201			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEGUSZMAN, DENNIS			NAME			
STREET ADDRESS	8601 BEACH BLVD UNIT 1104			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROGERSON, TOM			NAME	SHERIE L. LOVETT		
STREET ADDRESS	8601 BEACH BLVD UNIT 915			STREET ADDRESS	8601 BEACH BLVD #1403		
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TIMBERLAKE, ANNITA			NAME	ALEX HERRINGTON		
STREET ADDRESS	8601 BEACH BLVD UNIT 1204			STREET ADDRESS	8601 BEACH BLVD #1303		
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDWARDS, JOYCE			NAME	ROBERT CARTER		
STREET ADDRESS	8601 BEACH BLVD UNIT 1421			STREET ADDRESS	8601 BEACH BLVD #809		
CITY-ST-ZIP	JACKSONVILLE, FL 32216			CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Dennis E. Deguzman **DENNIS E. DEGUZMAN** 1/22/07 904-838-9727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #