


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003025
 1. Entity Name
SEVEN OAKS CIVIC ASSOCIATION OF CLAY COUNTY, INC.



Principal Place of Business Mailing Address
1991 SUSSEX DR E **1991 SUSSEX DR E**
ORANGE PARK, FL 32073 **ORANGE PARK, FL 32073**

DO NOT WRITE IN THIS SPACE



04012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CODINI, LINDA
1991 SUSSEX DR E
ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

3. 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 rechartering)

Filing Fee is \$61.25
Due by May 1, 2006

5. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CODINI, LINDA 1991 SUSSEX DR E ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO PARLET, MARGARET 1991 SUSSEX DR E ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FEHRS, LOLLIE PENBRIDGE CT ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POST, JACK 1991 SUSSEX DR E ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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U00000516078
 04/29/06-80234-020 61.25

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 of 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: *Linda Codini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 204-269-4005
Date Daytime Phone #