


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

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 reissuing)

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

9. 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	VD PARLET, MARGATET 1981 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 1981 SUSSEX DR E ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000728571  
 05/08/07-80003-007 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 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:** *LINDA CODINI* *Linda Codini* *4/22/07* *904-269-4008*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #