
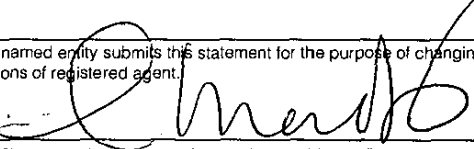
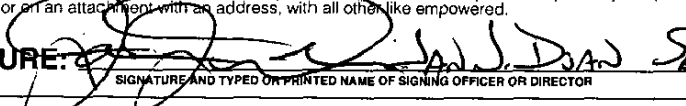


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90056 042 \*\*\*\*61.25

<b>DOCUMENT # N03000003682</b> 1. Entity Name <b>SOUTHERN CREEK OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256</b>		Mailing Address <b>9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business <b>5455 AIA South</b> Suite, Apt. #, etc.		3. Mailing Address <b>5455 AIA South</b> Suite, Apt. #, etc.	
City & State <b>St. Augustine, FL</b> Zip Country <b>32080 US</b>		City & State <b>St. Augustine, FL</b> Zip Country <b>32080 US</b>	
4. FEI Number <b>20-0170319</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NEWTON, CLIFFORD B 10192 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257</b>		7. Name and Address of New Registered Agent Name <b>May Management Services</b> Street Address (P.O. Box Number is Not Acceptable) <b>5455 AIA South</b> City <b>St. Augustine</b> FL <b>32080</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNS, JR., KENNETH L 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAKOSKE, JOHN E 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOAN, JAN J 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>SEC/TREAS 3/31/04 904-268-2815</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

**54029340**



01142004 Chg-NP CR2E037 (10/03)