

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003682

FILED
Apr 16, 2009
Secretary of State

Entity Name: SOUTHERN CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5455 AIA SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

1621 WOODMERE DR
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 117
ORANGE PARK, FL 32067

FEI Number: 20-0170319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAGSHIP ASSOCIATION MGT ENT INC
1121 KINGLEY AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

CHRISTINE & CHRISTINE
28 CORDOVA STREE
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: MARY K. BURNS

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LYTTLE, TERRY
Address: 841 SOUTHERN CREEK DR
City-St-Zip: JACKSONVILLE, FL 32759

Title: T () Delete
Name: BARTROS, ANTOINE
Address: 609 BRIAR WAY LN
City-St-Zip: ST JOHNS, FL 32259

Title: D () Delete
Name: CHAMBREY, KAREN
Address: 177 SOUTHERN BAY DR
City-St-Zip: ST JOHNS, FL 32259

Title: D () Delete
Name: MOFFITT, DEANNA
Address: 529 SOUTH BRANCH DR
City-St-Zip: ST JOHNS, FL 32259

Title: P () Delete
Name: DIVITTORIO, ELLEN
Address: 193 SOUTHERN BAY DR
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LYTTLE, TERRY
Address: 841 SOUTHERN CREEK DR
City-St-Zip: JACKSONVILLE, FL 32759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GILBRIDE, TERENCE
Address: 840 SOUTHERN CREEK DRIVE
City-St-Zip: ST JOHNS, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN DIVITTORIO

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date