


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90184 014 ****61.25

DOCUMENT # N04000003858					
1. Entity Name PECAN PARK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667			Mailing Address 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLG MANAGEMENT SERVICES, LLC 4315 PABLO OAKS COURT - SUITE 1 JACKSONVILLE, FL 32224				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLZ, F. LOGAN		NAME		
STREET ADDRESS	4315 PABLO OAKS COURT, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322249667		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRAREN, MICHAEL		NAME		
STREET ADDRESS	4315 PABLO OAKS COURT, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322249667		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDIN, JENNIFER L		NAME		
STREET ADDRESS	4315 PABLO OAKS COURT, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322249667		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORRIS, REGINA		NAME		
STREET ADDRESS	4315 PABLO OAKS COURT, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322249667		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UDELL, ROB		NAME		
STREET ADDRESS	4315 PABLO OAKS COURT, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322249667		CITY-ST-ZIP		
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: <u>Luella F. Gray</u> CAM			Date: <u>4-26-07</u>		Daytime Phone #: <u>(904) 221-8070</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60033463



04222008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1224755

Applied For
Not Applicable

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

Manager for Pecan Park