2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90044 046 ****61.25

DOCUMENT # N05000010283

1. Entity Name
MANOTAK OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9456 PHILIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256	9456 PHILIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256

400164C

01302007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12627 San Jose Blvd	c/o May Management SVC
Suite, Apt. #, etc. #501	Suite, Apt. #, etc. 5455 A1A South
City & State Jacksonville FL	City & State St. Augustine Florida
Zip / Country 32223 / USA	Zip / Country 32080 / USA

4. FEI Number
20-3800122
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Cynthia H Dilg 2/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNS, JR., KENNETH L 9456 PHILIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James, Troy 1442 Manotak Pointe Dr. #104 Jacksonville Fl 32205	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ZAKISKE, JOHN 9456 PHILIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Faison, Tassie 144B Sioux Lookout Drive Jacksonville Fl 32205	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DOAN, JAN 9456 PHILIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Constantin/Michelle 6788 Manotak Oaks Dr. Jax Fl 32210	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Troy A. James Troy A. James 2-7-07 (904)868-5684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #