

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000010283  
 1. Entity Name  
 MANOTAK OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 12627 SAN JOSE BLVD  
 #501  
 JACKSONVILLE, FL 32223

Mailing Address  
 MAY MANAGEMENT SERVICES  
 5455 A1A SOUTH  
 SAINT AUGUSTINE, FL 32080



01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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 reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JAMES, TROY
STREET ADDRESS	1442 MONOTACK POINTE DR #104
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VP
NAME	FAISON, TASSIE
STREET ADDRESS	1448 SIDUX LOOKOUT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	ST
NAME	GONSTANTIN, MICHELLE
STREET ADDRESS	6788 MONOTAK OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000842588  
 03/11/08-80037-003 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: *[Signature]*  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02-15-07 Daytime Phone #: (904) 868-5684