

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012498
 1. Entity Name
SARAH'S PLACE OWNERS ASSOCIATION, INC.



Principal Place of Business
**2955 HARTLEY ROAD SUITE 108
 JACKSONVILLE, FL 32257**

Mailing Address
**2955 HARTLEY ROAD SUITE 108
 JACKSONVILLE, FL 32257**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3827216 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
**MATOVINA, GREGORY E
 2955 HARTLEY ROAD SUITE 108
 JACKSONVILLE, FL 32257**

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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 \$81.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATOVINA, GREGORY E 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT HUDSON, SHARON 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASSIS, MICHAEL A 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE, FL 32257
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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: *Gregory E. Matovina* **1-31-07** 904-292-0918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #