


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90196 041 \*\*\*\*61.25

<b>DOCUMENT # N24077</b>			
1. Entity Name FLEMINGBROOK OWNERS ASSOCIATION, INC.			
Principal Place of Business REMAX SPECIALISTS 1008 PARK AVENUE ORANGE PARK, FL 32073 US		Mailing Address REMAX SPECIALISTS 1008 PARK AVENUE ORANGE PARK, FL 32073 US	
2. Principal Place of Business - No P.O. Box # <i>767 Blanding Blvd</i>		3. Mailing Address <i>767 Blanding Blvd</i>	
Suite, Apt. #, etc. <i>Ste 112</i>		Suite, Apt. #, etc. <i>Ste 112</i>	
City & State <i>ORANGE PARK, FL</i>		City & State <i>ORANGE PARK, FL</i>	
Zip <i>32065</i>	Country <i>USA</i>	Zip <i>32065</i>	Country <i>USA</i>
4. FEI Number 59-2880300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLEN HALL, JANE 1008 PARK AVENUE ORANGE PARK, FL 32073		Name <i>CHRISTOPHER M. JACKSON</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>767 Blanding Blvd</i>	
		City <i>ORANGE PARK</i>	
		FL Zip Code <i>32065</i>	
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 <i>Chris M. Jackson</i>		DATE <i>1/10/07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when rotating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JASA 5401 APPLEWOOD CT ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MILEY 5504 CANDID BROOK LANE ORANGE PARK, FL 32003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORWOOD, LEN 471 BAYBROOK DR ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VANDERBEEK, EUGENE 5509 BLOOMWOOD COURT ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHAN, MICHAEL 580 COZYBROOK LANE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHAN, MICHAEL 580 Cozy Brook Lane ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JACKSON, RENNIE 482 SPRINGBROOK DR ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Chris M. Jackson Management</i>		Date <i>1/10/07</i> Daytime Phone # <i>904-276-0412</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	