

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:46

DOCUMENT # **N43736** (0)
1. Corporation Name
SECRET OAKS SUBDIVISION OWNERS' ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**66 CUNA ST.
STE. B
ST. AUGUSTINE FL 32084
US**

3. Date Incorporated or Qualified **08/06/1991** 3a. Date of Last Report **08/01/1994**
4. FEI Number **59-3110890** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 24 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BROWN, RONALD W
66 CUNA ST
STE. B
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SHORTER, MARGARET L.
STREET ADDRESS	1127 SECRET OAKS PL.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DV
NAME	GILLEAN, MICHAEL A
STREET ADDRESS	1183 SECRET OAKS PL.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	THIBODEAU, BRYAN
STREET ADDRESS	1180 SECRETS OAKS PLACE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DT
NAME	LEARN, G.E. JR.
STREET ADDRESS	1107 SECRET OAKS PL.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	DP
NAME	MAGILL, WILLIAM J.
STREET ADDRESS	1181 SECRET OAKS PLACE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	FUGEMAN, PATRICK
STREET ADDRESS	1060 SECRET OAKS PLACE
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	D
6.3 STREET ADDRESS	Dennison, Edward Wade
6.4 CITY - ST - ZIP	1145 Secret Oaks Place Jacksonville, FL 32259

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Magill William J. Magill 1-19-95 904-783-4490
DATE DATE TIME