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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N43736

1. Corporation Name

SECRET OAKS SUBDIVISION OWNERS' ASSOCIATION, INC

1 10000 0000 0000 0000 0000 0000 0000 0000 0000
 * 5 2 4 9 8 *
 524908 - 90072 - 26

Principal Place of Business

66 CUNA ST.
 STE. B
 ST. AUGUSTINE FL 32084
 US

Mailing Address

66 CUNA ST
 STE B
 ST. AUGUSTINE FL 32084
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/06/1991

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

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 617.0502 and 617.1508, 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 617.0503, 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 DELETE
 DS
 NAME SHORTER, MARGARET L.
 STREET ADDRESS 1127 SECRET OAKS PL.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
 DV
 NAME GILLEAN, MICHAEL A
 STREET ADDRESS 1183 SECRET OAKS PL
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
 D
 NAME THIBODEAU, BRYAN
 STREET ADDRESS 1160 SECRETS OAKS PLACE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
 DT
 NAME LEARN, G.E. JR.
 STREET ADDRESS 1107 SECRET OAKS PL.
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
 DP
 NAME MAGILL, WILLIAM J.
 STREET ADDRESS 1161 SECRET OAKS PLACE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE
 D
 NAME DENNISON, EDWARD WADE
 STREET ADDRESS 1145 SECRET OAKS PLACE
 CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
*D
 Jeppony Keams
 1069 Secret Oaks Pl
 Jacksonville, FL 32259*

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. DENNISON* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99 904-783-4490
 Date Daytime Phone #

CR2E037 (1/98)