

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90021 041 \*\*\*\*61.25

**DOCUMENT # N43736**

1. Entity Name

**SECRET OAKS SUBDIVISION OWNERS' ASSOCIATION, INC**

Principal Place of Business

Mailing Address

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

66 CUNA ST  
 STE B  
 ST. AUGUSTINE FL 32084  
 US

00031660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3110890

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, RONALD W**  
**66 CUNA ST**  
**STE. B**  
**ST. AUGUSTINE FL 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DS**  Delete  
 NAME: **SHORTER, MARGARET L.**  
 STREET ADDRESS: **1127 SECRET OAKS PL.**  
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **D**  Change  Addition  
 NAME: **Kearns, Jeffrey A**  
 STREET ADDRESS: **1069 Secret Oaks Place**  
 CITY-ST-ZIP: **Jacksonville, FL 32259**

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE: **DT**  Change  Addition  
 NAME: **Thibodeau, Bryan**  
 STREET ADDRESS: **1160 Secret Oaks Place**  
 CITY-ST-ZIP: **Jacksonville FL 32259**

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. Magill 3/21/01 904-783-4490  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)