


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N43736

1. Entity Name
SECRET OAKS SUBDIVISION OWNERS' ASSOCIATION, INC.



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
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07102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3110890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \$61.25
Due by September 7, 2005

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	DS SHORTER, MARGARET L. 1127 SECRET OAKS PL. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILLEAN, MICHAEL A 1183 SECRET OAKS PL JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THIBODEAU, BRYAN 1160 SECRETS OAKS PLACE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAGILL, WILLIAM J. 1161 SECRET OAKS PLACE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, RAYMOND 1050 SECHET OAKS PL JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000372410
 07/12/05-80006-008 61.25

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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: *Bryan H. Thibodeau* [BRYAN H. THIBODEAU-DT] 7/12/05 904-287-0719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #