



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90063 007 ****61.25

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		ST. AUGUSTINE 32084 40029770	
2. Principal Place of Business - No P.O. Box # 93 ORANGE STREET		3. Mailing Address 93 ORANGE STREET		 02262007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3110890 Applied For Not Applicable	
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32084	Country ST. JOHN	Zip 32084	Country ST. JOHN		
6. Name and Address of Current Registered Agent BROWN, RONALD W 66 CUNA ST STE. B ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name: GEOFFREY B. DOBSON Street Address (P.O. Box Number is Not Acceptable): 93 ORANGE STREET City: ST. AUGUSTINE FL Zip Code: 32084	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	DS SHORTER, MARGARET L. 1127 SECRET OAKS PL. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DON CHENICEK 1122 SECRETS OAKS PL FRUIT COVE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILLEAN, MICHAEL A 1183 SECRET OAKS PL JACKSONVILLE, FL <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	DT THIBODEAU, BRYAN 1180 SECRETS OAKS PLACE JACKSONVILLE, FL 32259 <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	DP MAGILL, WILLIAM J. 1161 SECRET OAKS PLACE JACKSONVILLE, FL <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 VOGEL, RAYMOND 1050 SECHET OAKS PL JACKSONVILLE, FL 32259 <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 WALTON, TOM 1142 SECRET OAKS PL FRUIT COVE, FL 32259 <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>Bygo H. Jordan</i>		3/01/07		904-591-5382	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	