

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43736

**Entity Name:** SECRET OAKS SUBDIVISION OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 23, 2014**  
**Secretary of State**  
**CC1747767784**

**Current Principal Place of Business:**

16 PALMETTO AVENUE  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

1160 SECRET OAKS PLACE  
FRUIT COVE, FL 32259 US

**FEI Number: 59-3110890**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOBSON, GEOFFREY B  
16 PALMETTO AVENUE  
ST. AUGUSTINE, FL 32080 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DS  
Name SHORTER, MARGARET L.  
Address 1127 SECRET OAKS PL.  
City-State-Zip: JACKSONVILLE FL 32259

Title DV  
Name GILLEAN, MICHAEL A  
Address 1183 SECRET OAKS PL  
City-State-Zip: JACKSONVILLE FL 32259

Title DT  
Name THIBODEAU, BRYAN H  
Address 1160 SECRETS OAKS PLACE  
City-State-Zip: JACKSONVILLE FL 32259

Title DP  
Name MAGILL, WILLIAM J.  
Address 1161 SECRET OAKS PLACE  
City-State-Zip: JACKSONVILLE FL 32259

Title D  
Name VOGEL, RAYMOND  
Address 1050 SECHET OAKS PL  
City-State-Zip: JACKSONVILLE FL 32259

Title D  
Name WALTON, TOM  
Address 1142 SECRET OAKS PL  
City-State-Zip: FRUIT COVE FL 32259

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BRYAN H. THIBODEAU**

**DT**

**02/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date