

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90131 001 ****70.00

DOCUMENT # 761308 1. Entity Name SOUTHSIDE ESTATES ATHLETIC ASSOCIATION, INC.					
Principal Place of Business 9827 SOUTH JUPITER COURT JACKSONVILLE, FL 32216 US			Mailing Address 10281 JOHNNA KAY CT JACKSONVILLE, FL 32220 US		
2. Principal Place of Business		3. Mailing Address 2548 River Enclave Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jacksonville FL		4. FEI Number 03-0389594	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32226		Country USA		03232006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent OPACHICH, DENISE 10281 JOHNNA KAY CT JACKSONVILLE, FL 32220			7. Name and Address of New Registered Agent Name Liesel Campbell Street Address (P.O. Box Number is Not Acceptable) 2548 River Enclave Lane City Jacksonville FL Zip Code 32226		
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 <u><i>Liesel Campbell</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/4/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD LAROSA, ROB 2760 S STONEHEDGE CT JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORANDO, BOB 3769 WAYLAND STREET JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OPACHICH, DENISE 10281 JOHNNA KAY CT JACKSONVILLE, FL 32220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SPIVEY, GARY 6118 JACK DR. S JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Gene Wood 3584 Beauclerc Rd Jacksonville FL 32257	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Gene Wood 3584 Beauclerc Rd Jacksonville FL 32257	<input type="checkbox"/> Delete			
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: <u><i>Liesel Campbell</i></u> <u>4/4/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		