

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761308

FILED
Feb 05, 2007
Secretary of State

Entity Name: SOUTHSIDE ESTATES ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

9827 SOUTH JUPITER COURT
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

2548 RIVER ENCLAVE LN
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 03-0389594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, LIESEL
2548 RIVER ENCLAVE LN
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAROSA, ROB
Address: 2760 S STONEHEDGE CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD () Delete
Name: CAMPBELL, MARK
Address: 2548 RIVER ENCLAVE LN
City-St-Zip: JACKSONVILLE, FL 32226

Title: STD () Delete
Name: CAMPBELL, LIESEL
Address: 2548 RIVER ENCLAVE LN
City-St-Zip: JACKSONVILLE, FL 32226

Title: BD () Delete
Name: CRIBB, DENIS
Address: 9925 MARGAT HILLS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: BN () Delete
Name: WOOD, GENE
Address: 3584 BEAUCLERC RD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CAMPBELL, MARK
Address: 2548 RIVER ENCLAVE LN
City-St-Zip: JACKSONVILLE, FL 32226

Title: TRES (X) Change () Addition
Name: CAMPBELL, LIESEL
Address: 2548 RIVER ENCLAVE LN
City-St-Zip: JACKSONVILLE, FL 32226

Title: SECT (X) Change () Addition
Name: CRIBB, AMANDA
Address: 9925 MARGAT HILLS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: AD (X) Change () Addition
Name: WOOD, GENE
Address: 3584 BEAUCLERC RD
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LIESEL CAMPBELL

TRE

02/05/2007

Electronic Signature of Signing Officer or Director

Date