

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001526**

1. Entity Name  
**FORT CAROLINE CLUB ESTATES SOUTH CIVIC  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O ROBERTA THOMAS  
3470 LENCZYK DR W  
JACKSONVILLE, FL 32277**

Mailing Address  
**C/O ROBERTA THOMAS  
3470 LENCZYK DR W  
JACKSONVILLE, FL 32277**



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3630204**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**THOMAS, ROBERTA  
3470 LENCZYK DR WEST  
JACKSONVILLE, FL 32277**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**PD  
THOMAS, ROBERTA  
3470 LENCZYK DR WEST  
JACKSONVILLE, FL 32277**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
PRAINO, RENATE  
6337 BAYFIELD DR  
JACKSONVILLE, FL 32277**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
SLOUGH, JOHN M  
3534 LENCZYK DR WEST  
JACKSONVILLE, FL 32277**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD#1  
MCQUADE, MICHAEL  
3521 SIMCA DR W  
JACKSONVILLE, FL 32277**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD#2  
MCQUADE, GRANT MICHAEL  
3521 SIMCA DR W  
JACKSONVILLE, FL 32277**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000378411  
01/09/06-80004-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Roberta Thomas Roberta L Thomas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/03/06**  
Date

**9047441219**  
Daytime Phone #