

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 A**  
**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**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3630204</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	

U00000580314  
01/10/07-80043-002 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 A Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 7, 07*  
Date

(904) *744 1219*  
Daytime Phone #