2007 NOT-FOR-PROFIT CORPURATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N00000001526**

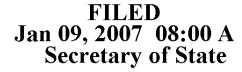
1. Entity Name

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





) 1881/101 BII <b>18</b> 84/ <b>20</b> 11 <b>2</b> 81// <b>68</b> 1// <b>0</b> 3	ini obnih 40591 indolj <sup>a</sup> nih nata ovinat ov isak
01032007 No Cha-NP	CR2E037 (4/06)

4. FEI Number Applied For 59-3630204 Not Applied For Not Applicable

5. Certificate of Status Desired 

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ROBERTA 3470 LENCZYK DR WEST JACKSONVILLE, FL 32277

## DO NOT WRITE IN THIS SPACE

		<b>!</b>						
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								
,	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance     Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS							
TITLE	PD							
NAME	THOMAS, ROBERTA							
STREET ADDRESS	3470 LENCZYK DR WEST							
CITY-ST-ZIP	JACKSONVILLE, FL 32277							
TITLE	VD							
NAME	PRAINO, RENATE							
STREET ADORESS	6337 BAYFIELD DR				U00000580314			
CITY-ST-ZIP	JACKSONVILLE, FL 32277				01/10/07-80043-002 61.25			
	SD SD				01/10/01 00043 002 01.23			
TITLE NAME		1						
STREET ADDRESS	SLOUGH, JOHN M	1						
CITY-ST-ZIP	3534 LENCZYK DR WEST	1		DO	NOT WRITE			
	JACKSONVILLE, FL 32277							
TITLE	TD#1			IN '	THIS SPACE			
NAME	MCQUADE, MICHAEL							
STREET ADDRESS	3521 SIMCA DR W							
CITY-ST-ZIP	JACKSONVILLE, FL 32277							
TITLE	TD#2							
NAME	MCQUADE, GRANT MICHAEL							
STREET ADDRESS	3521 SIMCA DR W							
CITY-ST-ZIP	JACKSONVILLE, FL 32277							
TITLE		·						
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
12. Thereby certify that the information supplied with this filling 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 game legal affect as if made under cath, that I am an officer or director.								

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:

SOUTH A This MUST THEO OR PRINTED HAME OF SIGNATURE OF DIRECTOR

Ar 4,07 Date

744 1219 Daysme Phone #