2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N00000001526

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3630204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, ROBERTA
3470 LENCZYK DR WEST
JACKSONVILLE, FL 32277 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: THOMAS, ROBERTA
Address: 3470 LENCZYK DR WEST
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD ( ) Delete
Name: [ERAOMP, REMATE
Address: 6337 BAYFIELD DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete
Name: SLOUGH, JOHN M
Address: 3534 LENCZYK DR WEST
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD#1 (X) Delete
Name: MCQUADE, MICHAEL
Address: 3521 SIMCA DR W
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD#2 (X) Delete
Name: MCQUADE, MICHAEL
Address: 3521 SIMCA DR W
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS/D (X) Change ( ) Addition
Name: THOMAS, ROBERTA
Address: 3470 LENCZYK DR WEST
City-St-Zip: JACKSONVILLE, FL 32277

Title: V/D (X) Change ( ) Addition
Name: PERAINO, RENATE
Address: 6337 BAYFIELD DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: T/D (X) Change ( ) Addition
Name: MCQUADE, MICHAEL
Address: 3521 SIMCA DR W
City-St-Zip: JACKSONVILLE, FL 32277

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTA S THOMAS PS/D 01/07/2009

Electronic Signature of Signing Officer or Director — Date