

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90042 002 \*\*\*\*61.25

<b>DOCUMENT # N00000002723</b>					
<b>1. Entity Name</b> SOUTHRIDGE AT HATTON CHASE OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US			<b>Mailing Address</b> C/O SIGNATURE REALTY & MANAGEMENT, INC. 4003 HARTLEY ROAD JACKSONVILLE, FL 32257 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3683954	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SIGNATURE REALTY & MANAGEMENT, INC 4003 HARTLEY ROAD 2180 W SR 434, SUITE 5000 JACKSONVILLE, FL 32257			Name <u>Bryan Cantrell</u> Street Address (P.O. Box Number is Not Acceptable) <u>Signature Realty and Management, Inc</u> <u>4003 Hartley Road</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32257</u>		
<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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>BRYAN CANTRELL</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>11/16/2008</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> WALTHER, MARK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Voarhees, Don	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14365 WOODFIELD CIR S	JACKSONVILLE, FL 32258		<b>STREET ADDRESS</b> 14477 Woodfield Circle N.	Jacksonville, FL 32258	
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32258		<b>CITY-ST-ZIP</b>	Jacksonville, FL 32258	
<b>TITLE</b> VPD	<b>NAME</b> MEADOWS, BRIAN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V	<b>NAME</b> Tatum, Rick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14492 WOODFIELD CIR N	JACKSONVILLE, FL 32258		<b>STREET ADDRESS</b> 14453 Woodfield Circle N	Jacksonville FL 32258	
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32258		<b>CITY-ST-ZIP</b>	Jacksonville FL 32258	
<b>TITLE</b> SD	<b>NAME</b> WALDROP, TONYA	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Stewart, Leonard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14310 WOODFIELD CIR S	JACKSONVILLE, FL 32258		<b>STREET ADDRESS</b> 12547 Woodhollow Ct	Jacksonville FL 32258	
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32258		<b>CITY-ST-ZIP</b>	Jacksonville FL 32258	
<b>TITLE</b> TD	<b>NAME</b> FUERSTENBERGER, ANDREW	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Couch, Steve	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14469 WOODFIELD CIR N	JACKSONVILLE, FL 32258		<b>STREET ADDRESS</b> 14460 Woodfield Circle N	Jacksonville FL 32258	
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32258		<b>CITY-ST-ZIP</b>	Jacksonville FL 32258	
<b>TITLE</b> P	<b>NAME</b> STEWART, LEONARD	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Napoleon, Trey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 12547 WOODHOLLOW CT	JACKSONVILLE, FL 32258		<b>STREET ADDRESS</b> 14437 Woodfield Circle N	Jacksonville FL 32258	
<b>CITY-ST-ZIP</b>	JACKSONVILLE, FL 32258		<b>CITY-ST-ZIP</b>	Jacksonville FL 32258	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			<u>8-13-08</u> <u>904-835-7004</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		