2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90049 020 ****61.25

1. Entity Nam	MENT # N00000003 CLUB OF ORANGE PARK			04-18-2008 90049 020 01.23
			19.00	40074304
Principal Plac 2301 PARK / STE 404 ORANGE PAR		Mailing Address P. O. BOX 366 ORANGE PARK, FL 32	073	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	*	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312008 Chg-NP CR2E037 (12/06)
City & State		City & State		4. FEI Number Applied For NOT APPLICABLE Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
	BARRY J K AVE., SUITE 404 PARK, FL 32073		Stree	et Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8 The above	named entity submits this statement to	or the purpose of changing its	registered office	be or registered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent. Signature, typed or printed name of registered agent			signature required when reinstating) DATE
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2008 Trust Fund Co				\$5.00 May Be Added to Fees Florida Department of State
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	P. 1%	⊠ Delete	TOTAL	
NAME	CORLESS, PAUL		TITLE	P Addition
STREET ADDRESS	1717 CR 220, #3001		NAME	Z Orlange Tradition
CITY-ST-ZIP	<u> </u>		NAME STREET ADDRES	Smith, Theresa Blud, Suite 500
TITLE	ORANGE PARK, FL 32003		NAME	Smith, Theresa, Bird, Suite 500 Jacksonville, FL 32207
	PE	☐ Delete	NAME STREET ADDRES CHY-ST-ZIP TITLE	Smith, Theresa, 130i Riverplace Blud, Suite 500 Jacksonville, FL 32207 PE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME	PE SMITH, THERESA		NAME STREET ADDRES CHY-ST-ZIP TITLE NAME	Smith, Theresa Book Riverplace Blud, Suite 500 Jacksonville, FL 32207 PE Change Addition
NAME STREET ADDRESS	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2		NAME STREET ADDRES CHY-ST-ZIP TITLE NAME STREET ADDRES	Smith, Theresa Bird, Suite 500 Jacksonville, FL 32207 PE Change Addition HOODY, Ron 10550 Deer wood Park Bird, Ste 609
NAME STREET ADDRESS CITY-ST-ZIP	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2 ORANGE PARK, FL 32003		NAME STREET ADDRES CHY-ST-ZIP TITLE NAME STREET ADDRES CHY-ST-ZIP	Smith, Theresa Bird, Suite 500 Jacksonville, FL 32207 PE Moody, Ron 10550 Deer wood Park Bird, Ste 609 Jacksonville, FL 32256
NAME STREET ADDRESS CITY-ST-ZIP	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2 ORANGE PARK, FL 32003 VP		NAME STREET ADDRES CHY-ST-ZIP TITLE NAME STREET ADDRES CHY-ST-ZIP TITLE	Smith, Theresa Roi Riverplace Blud, Suite 500 dacksonville, FL 32207 DE Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2 ORANGE PARK, FL 32003		NAME STREET ADDRES CHY-ST-ZIP TITLE NAME STREET ADDRES CHY-ST-ZIP	Smith, Theresa Roi Riverplace Blud, Suite 500 dacksonville, FL 32207 DE Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2 ORANGE PARK, FL 32003 VP MOODY, RON		NAME STREET ADDRES CHY-ST-ZIP TITLE NAME STREET ADDRES CHY-ST-ZIP TITLE NAME	Smith, Theresa Bird, Suite 500 Jacksonville, FL 32207 PE Moody, Ron 10550 Deerwood Park Bird, Ste 609 Jacksonville, FL 32256 Schange Addition Addition Addition Theres chris III 81 st. Johns Industrial Pky. North
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2 ORANGE PARK, FL 32003 VP MOODY, RON 4309 SALISBURY RD. N. JACKSONVILLE, FL 32216	☐ Delele	NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES TITLE NAME STREET ADDRES CITY-ST-ZIP	Smith, Theresa Bird, Suite 500 Jacksonville, FL 32207 PE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE SMITH, THERESA 1543 KINGSLEY AVE., BLDG. 2 ORANGE PARK, FL 32003 VP MOODY, RON 4309 SALISBURY RD. N.		NAME STREET ADDRES CHY-SI-ZIP TITLE NAME STREET ADDRES CHY-SI-ZIP TITLE NAME STREET ADDRES STREET ADDRES	Smith, Theresa Roi Riverpiece Blud, Suite 500 Jacksonville, FL 32207 PE Change Addition Fredrikson, Goran Change Addition Addition Addition
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indicated on this report or supplemental report is the 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 of trustee empoyered 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: _

James James Goran Fredrikson Signature and typed or printed name of signing officer on director