


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90084 022 ****61.25

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1. Entity Name
SOUTHCHASE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

~~463499 STATE RD 200~~ **4003 HARTLEY RD** P.O. BOX 1987 **4003 HARTLEY RD.**
~~YULEE, FL 32097~~ **JACKSONVILLE, FL 32257** ~~YULEE, FL 32041~~ **JACKSONVILLE, FL 32257**

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01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3670163** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~POWELL, TERRELL~~ **BRYAN K. CANTRELL**
~~463499 SR 200~~ **4003 HARTLEY ROAD**
~~YULEE, FL 32097~~ **JACKSONVILLE, FL 32257**
c/o SIGNATURE REALTY & MANAGEMENT, INC.

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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: **BRYAN K. CANTRELL** *[Signature]* DATE: **2/2/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMS, JEFFERY
STREET ADDRESS	11442 CHASE MEADOWS DR, S
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VPD
NAME	PARIKH, ASHISH
STREET ADDRESS	11417 CHASE MEADOWS DR, S
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	T.
NAME	LEWIS, DAVID
STREET ADDRESS	7970 CHASE MEADOWS DR, W
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **Jeffery A Sims** Date: **2/4/06** Daytime Phone #: **904-268-0035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Board President