2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003025

1. Entity Name
SEVEN OAKS CIVIC ASSOCIATION OF CLAY COUNTY, INC.

Principal Place of Business
1991 SUSSEX DR E
ORANGE PARK, FL 32073

Mailing Address
1991 SUSSEX DR E
ORANGE PARK, FL 32073

04012006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CODINI, LINDA
1991 SUSSEX DR E
ORANGE PARK, FL 32073

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing/changing) DATE

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	CODINI, LINDA
STREET ADDRESS	1991 SUSSEX DR E
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VD
NAME	PARLET, MARGATET
STREET ADDRESS	1981 SUSSEX DR E
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	TD
NAME	FEHRS, LOLLIE
STREET ADDRESS	PENBRIDGE CT
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	D
NAME	POST, JACK
STREET ADDRESS	1981 SUSSEX DR E
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000516078
04/29/06-80234-020 61.25

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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: Linda Codini 4/10/06 904-269-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #