

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2007 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**

**DO NOT WRITE IN THIS SPACE**



03032007 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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, MARGARET  
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

U000000728571  
05/08/07-80003-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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** *Linda Codini* **4/22/07 904-269-4008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #