


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-31-2008 90034 008 ****61.25

DOCUMENT # N03000001667		
1. Entity Name FORT SOCRUM CROSSING HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 3240 GALLOWAY RD LAKELAND FL 33810	Mailing Address 3240 GALLOWAY RD LAKELAND FL 33810
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2. Principal Place of Business - No P.O. Box # 3099 FT Socrum VIL BLVD	3. Mailing Address PO Box 283
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State LAKELAND, FL	City & State KATHLEEN, FL
Zip 33810	Zip 33810
Country USA	Country USA

4. FEI Number 55-0878452	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JENKINS, E. WAYNE 3240 GALLOWAY RD LAKELAND FL 33810	
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7. Name and Address of New Registered Agent Name PHYLLIS King Street Address (P.O. Box Number is Not Acceptable) 3099 FT Socrum VIL BLVD City LAKELAND FL Zip Code 33810	
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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 *Phyllis King* **PHYLLIS King TREASURER** 3/31/08
Signature, last or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS JENKINS, E. WAYNE 3240 GALLOWAY RD LAKELAND FL 33810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOLDSMITH, JOE 3240 GALLOWAY RD LAKELAND FL 33810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STEVEN PERKINS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT 3039 FT Socrum VIL BLVD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDREW ATKINSON 3107 FT Socrum VIL BLVD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KEILY BATTAGLIA 8738 FT Socrum VIL FL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHYLLIS King 3099 FT Socrum VIL BLVD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Phyllis King* **PHYLLIS King TREASURER** 3/31/08 863-815-3462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #