

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003682	
1. Entity Name SOUTHERN CREEK OWNERS ASSOCIATION, INC.	

Principal Place of Business 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080	Mailing Address 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
06 MAY 26 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05222006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-0170319	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES 3455 AIA SOUTH SAINT AUGUSTINE, FL 32080	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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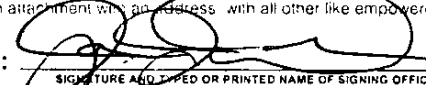
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE	300076163049 06/14/06--01005--010 **61.25
Signature typed or printed name of registered agent and title, if applicable	DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution: ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP JOHNS, JR., KENNETH L. 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP Zakoske, John E. 9456 Philips Highway, Suite 1 Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD ZAKOSKE, JOHN E. 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD Dearing, Mark C. 9456 Philips Highway, Suite 1 Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD DOAN, JAN J. 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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: 	Jan J. Doan	5/22/06	904-268-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #