2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000003682

1. Entity Name
SOUTHERN CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5455 AIA SOUTH SAINT AUGUSTINE, FL 32080	5455 AIA SOUTH SAINT AUGUSTINE, FL 32080

05222006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
MAY MANAGEMENT SERVICES 3455 AIA SOUTH SAINT AUGUSTINE, FL 32080	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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) (NOTE: Registered Agent signature required when reinstating) 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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNS, JR., KENNETH L 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZaKoske, John E. 9456 Philips Highway, Suite1 Jacksonville, FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZAKOSKE, JOHN E 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Dearing, Mark C. 9456 Philips Highway, Suite1 Jacksonville, FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOAN, JAN J 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 #