

2008 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
1621 WOODMERE DR
JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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

FLAGSHIP ASSOCIATION MGT ENT INC
1621 WOODMERE DR
JACKSONVILLE, FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

1121 Kingsley Ave

City Orange Park

FL Zip Code 32073

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 reinstating)

DATE

7/18/08

**Filing Fee is \$61.25
Due by September 12, 2008**

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 DP
NAME ZAKOSKE, JOHN
STREET ADDRESS 9456 PHILIPS HIGHWAY, SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 32256

Delete

TITLE IP
NAME Terry Lytle
STREET ADDRESS 841 Southern Creek Dr
CITY-ST-ZIP Jacksonville, Fl. 32259

Change Addition

TITLE DV
NAME DEARING, MARK C
STREET ADDRESS 9456 PHILIPS HIGHWAY, SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 32256

Delete

TITLE Antoine Barros
NAME
STREET ADDRESS 609 Briar Way Ln
CITY-ST-ZIP St. Johns, Fl. 32259

Change Addition

TITLE SD
NAME COSTA, DYLAN
STREET ADDRESS 834 SOUTHERN CREEK DR
CITY-ST-ZIP JACKSONVILLE, FL 32259

Delete

TITLE Karen Chambers
NAME
STREET ADDRESS 177 Southern Bay Dr.
CITY-ST-ZIP St. Johns, Fl. 32259

Change Addition

TITLE PD
NAME MEYER, SUE
STREET ADDRESS 209 NORTHBIDGE COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

Delete

TITLE De Anna Moffitt
NAME
STREET ADDRESS 509 Sactn Branch Dr
CITY-ST-ZIP St. Johns, Fl. 32259

Change Addition

TITLE T
NAME DIVITTORIO, ELLEN
STREET ADDRESS 193 SOUTHERN BAY DR
CITY-ST-ZIP JACKSONVILLE, FL 32259

Delete

TITLE P
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Flagship Association Management, Ent.
1121 Kingsley Ave
Orange Park, FL 322073
904-981-2719

November 3, 2008

Division of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

Re: N03000003682

To Whom It May Concern:

Enclosed please find the signed Annual report for the above document #. The filing fee was paid and the check was cashed by the Division. However, mistakenly the form was not signed by an officer of the corporation. We also did not receive the first notice of renewal. We only received the "late notice" and paid the fee and completed the form as soon as that was received.

Should you have any questions please feel free to contact our office at the above address or phone number.

Sincerely,



Amy Cole
Flagship-Assoc. Mgmt