

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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 20-0170319		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FLAGSHIP ASSOCIATION MGT ENT INC 1621 WOODMERE DR JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1121 Kingsley Ave City <u>Orange Park</u> FL Zip Code <u>32073</u>		
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>7/15/08</u>	
Filing Fee is \$61.25 Due by September 12, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAKOSKE, JOHN 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP Terry Lytle 841 Southern Creek Dr Jacksonville Fl. 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DEARING, MARK C 9456 PHILIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Antoinette Barrios 609 Briar Way Ln St. Johns, Fl. 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTA, DYLAN 834 SOUTHERN CREEK DR JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Chambers 177 Southern Bay Dr. St. Johns, Fl. 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, SUE 209 NORTHBRIDGE COURT JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeAnna Moffitt 539 South Brannen Dr St. Johns, Fl. 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIVITTORIO, ELLEN 193 SOUTHERN BAY DR JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

07-24-08 90017 050 56125



REINSTATEMENT 08

0712000 Cng-NP CR2E03744088

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 of phone number.

Sincerely,



Amy Cole
Flagship-Assoc. Mgmt