

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90020 005 ****61.25

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01182007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000007412 1. Entity Name SAMARA LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O MAY MGMT SVC INC. 5455 US HW A1A SOUTH SAINT AUGUSTINE, FL 32080		Mailing Address 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667	
2. Principal Place of Business - No P.O. Box # 4315 PABLO OAKS COURT Suite, Apt. #, etc. SUITE #1 City & State JACKSONVILLE, FL Zip 32224-9667 Country USA		3. Mailing Address C/O MAY MGMT SVC, INC. Suite, Apt. #, etc. 5455 HWY A1A SOUTH City & State ST. AUGUSTINE FL. Zip 32080 Country USA	
4. FEI Number 20-0198362		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 MAY MANAGEMENT SVC., INC. 5455 US HWY A1A 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	
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 <i>Cynthia H. O'Neil</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 2/6/07 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 HOLZ, F. LOGAN 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLDER, TOD 10475 FORTUNE PARKWAY, SUITE 100 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SETZER, J. KEVIN 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	VICE PRESIDENT / TREASURER CINDY NORMAN 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL. 32224-9667
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	SECRETARY CARRIE PEARL MUTTER 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL. 32224-9667
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <i>[Signature]</i> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date (904) 482-1129 Daytime Phone #	