

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010300

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: SOUTHBACK TWO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4213 C.R. 218  
SUITE 1  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

4213 COUNTY ROAD 218  
1  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

FEI Number: 32-0104453      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELCOMYN, VINA C CAM  
4213 C.R. 218  
SUITE 1  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

AWAKENINGS ASSOCIATION MANAGEMENT, INC  
4213 C.R. 218  
SUITE 1  
MIDDLEBURG, FL 32068 US

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.

SIGNATURE: VINA DELCOMYN      02/12/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOMKOVITCH, JOHN  
Address: 3620 NIPA DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: VP ( ) Delete  
Name: COSTA, JAMES  
Address: 3737 SOUTHBANK CIRCLE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: SEC ( ) Delete  
Name: DELISI, CARMELO  
Address: 3611 NIPA DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TOMKOVITCH      PRES      02/12/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date