## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005724

FILED Apr 23, 2006 Secretary of State

Entity Name: SOUTHBANK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3796 SOUTHBANK CIRCLE GREEN COVE SPRINGS, FL 32043 US **Current Mailing Address: New Mailing Address:** PO BOX 802 GREEN COVE SPRINGS, FL 32043 US FEI Number: 33-1093888 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CREWS, JEFFERY 3796 SOUTHBANK CIRCLE GREEN COVE SPRINGS, FL 32043 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CREWS, JEFFERY Name: Name: 3796 SOUTHBANK CIRCLE Address: Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: MCLANE, LLOYD T Name: Address: 3768 SOUTHBANK CIRCLE Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LEWIS, MATT LEWIS, MATT Name: Name: 2920 SOUTHBANK CIRCLE Address: Address: 2920 SOUTHBANK CIRCLE City-St-Zip: GREEN COVE SPRINGS, FL 32043 US City-St-Zip: GREEN COVE SPRINGS, FL 32043 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: NOPLIS, JOSEPH Address: Address: 3058 LEXI COURT City-St-Zip: City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MATT LEWIS T 04/23/2006