



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90060 027 ****61.25

DOCUMENT # N04000005724 1. Entity Name SOUTHBANK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3796 SOUTHBANK CIRCLE GREEN COVE SPRINGS, FL 32043 US				Mailing Address PO BOX 802 GREEN COVE SPRINGS, FL 32043 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; margin-bottom: 10px;">4012200-</div>  <div style="margin-top: 10px;">07022007 Chg-NP CR2E037 (12/06)</div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 33-1093888				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 CREWS, JEFFERY 3796 SOUTHBANK CIRCLE GREEN COVE SPRINGS, FL 32043				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 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	P CREWS, JEFFERY 3796 SOUTHBANK CIRCLE GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T John Washburn 2916 southbank circle Green Cove Springs, FL 32043	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCLANE, LLOYD T 3768 SOUTHBANK CIRCLE GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEWIS, MATT 2920 SOUTHBANK CIRCLE GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NOPLIS, JOSEPH 3058 LEXI COURT GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	
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>Jeffery Crews (Jeffery Crews)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/2/07</u> Daytime Phone #: <u>904 742 5582</u>		