


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90089 041 ****61.25

DOCUMENT # N07000001543 1. Entity Name SARAH'S WALK HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32202		Mailing Address 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32202	
2. Principal Place of Business - No P.O. Box # 9309 Old Kings Rd. S.		3. Mailing Address 9309 Old Kings Rd. S.	
Suite, Apt. #, etc. Suite 1-A		Suite, Apt. #, etc. Suite 1-A	
City & State Jacksonville, FL		City & State Jacksonville FL	
Zip 32257		Zip 32257	
Country US		Country US	
4. FEI Number 20-8538515		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 CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Gloria Menchero Street Address (P.O. Box Number is Not Acceptable) 9309 Old Kings Rd. South Suite 1-A City Jacksonville FL Zip Code 32257	
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>Gloria Menchero</i></u> (Gloria Menchero) DATE <u>4/09/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 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 EDMONDS, DANA 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CUTTS, BILL 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EDMONDS, STEPHEN L 9309-1A OLD KINGS ROAD JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Bill Cutts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/16/08</u> Daytime Phone # <u>904-737-9322</u>	