


FILED
May 20, 2008 8:00 am
Secretary of State

40104310

DOCUMENT # N31308						05-20-2008 90005 023 ****61.25	
1. Entity Name SECLUDED WOODS HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business P.O. BOX 330904 ATLANTIC BEACH, FL 32233 US				Mailing Address P.O. BOX 330904 ATLANTIC BEACH, FL 32233 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent KIRKLAND, BARBARA 1912 SECLUDED WOODS LANE NEPTUNE BEACH, FL 32266				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 <u>Barbara Kirkland</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE							
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	PD PROBST, BUD 1312 JENKS COURT NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Loretta Weirauch 1310 Noe Ct N.B., FL 32266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARB DELAADO, JERRY 2042 MARY BRANT LOOPS NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ARB Jerry Delgado 2042 Marye Brant Loop N.B., FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRONG, KELLEY 2031 MARYE BRANT LOOP S. NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Strong, Kelley 2031 Marye Brant Loop N.B., FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRKLAND, BARBARA 1912 SECLUDED WOODS LANE NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Social Chair Anna Dye 1130 Kings Rd N.B., FL 32266 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARB THARGOTT, MICHAEL 1305 NOE CT NEPTUNE BEACH, FL 32266	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARB Asst Pete Booras 2012 Marye Brant Loop N.B., FL 32266 <input type="checkbox"/> Change <input checked="" 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>Barbara Kirkland</u> 1-29-8 904-241-1118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							