


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36457</b>	
1. Entity Name <b>PETERS CREEK SOUTH CIVIC ASSOCIATION, INC.</b>	

Principal Place of Business <b>PETERS CREEK SOUTH SUBDIVISION ORANGE PARK, FL 32003</b>	Mailing Address <b>423 SAN CLEMENTI DR. ORANGE PARK, FL 32003</b>
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2610620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BERRY, ALLEN 435 SAN CLEMENTI DR ORANGE PARK, FL 32073</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FOWLER, SUZANNE 423 SAN CLEMENTI DR. ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BACHMAN, JEANNE 434 SAN CLEMENTI DRIVE ORANGE PARK, FL 32003</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D WILSON, GLEN 446 SAN CLEMENTI DRIVE ORANGE PARK, FL 32003</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/03/05-80002-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Suzanne E Fowler* **Treasurer** 1/30/05 366-3435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #