
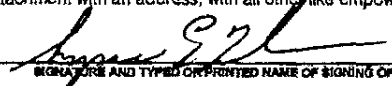


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 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>
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  <b>BERRY, ALLEN 435 SAN CLEMENTI DR ORANGE PARK, FL 32073</b>		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		1100000553660 05/15/06-80062-011 61.25
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	FOWLER, SUZANNE	
STREET ADDRESS	423 SAN CLEMENTI DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	
NAME	BACHMAN, JEANNE	
STREET ADDRESS	434 SAN CLEMENTI DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	D	
NAME	WILSON, GLEN	
STREET ADDRESS	446 SAN CLEMENTI DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <b>Suzanne E. Fowler</b>		<b>4/26/06 904-366-3435</b> <small>Date Daytime Phone #</small>