

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N36457

1. Entity Name
PETERS CREEK SOUTH CIVIC ASSOCIATION, INC.



Principal Place of Business
PETERS CREEK SOUTH SUBDIVISION
ORANGE PARK, FL 32003

Mailing Address
423 SAN CLEMENTI DR.
ORANGE PARK, FL 32003



04162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2610620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRY, ALLEN
435 SAN CLEMENTI DR
ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000927550
05/20/08-80111-015 61.25

10. OFFICERS AND DIRECTORS

TITLE D
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 BOZEMAN, BEN
STREET ADDRESS 465 SAN CLEMENTI DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

904-366-3435

Daytime Phone #