


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N48678

1. Entity Name
 SOUTHEAST CLAY CIVIC ASSOCIATION, INCORPORATED



Principal Place of Business
 POST OFFICE BOX 1407
 GREEN COVE SPRINGS, FL 32043

Mailing Address
 POST OFFICE BOX 1407
 GREEN COVE SPRINGS, FL 32043

DO NOT WRITE IN THIS SPACE



07122006 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-3037108 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLIC, SHIRLEY L.
 213 SIX POND TRAIL
 GREEN COVE SPRINGS, FL 32043

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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) DATE _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOLIC, SHIRLEY L 213 SIX POND TRAIL GREEN COVE SPRGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HOLIC, JOHN P. 213 SIX POND TRAIL GREEN COVE SPRGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RUST, GRANT D JR 203 SNAKE ROAD GREEN COVE SPRGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RUST, CAROLYN J 203 SNAKE ROAD GREEN COVE SPRGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOYETT, PAULA J 213 SIX POND TRAIL GREEN COVE SPRINGS, FL 32043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000575920
 09/01/06-80007-016 70.00

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: *Shirley L. Holic* 8/29/06 904/294-6149
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #