

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000996

1. Entity Name

FLYNN OAKS ASSOCIATION, INC.



Principal Place of Business

ONE SAN JOSE PLACE

34

JACKSONVILLE, FL 32257 US

Mailing Address

P O BOX 57911

JACKSONVILLE, FL 32241 US



04112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3173381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, LAUREN

ONE SAN JOSE PLACE

34

JACKSONVILLE, FL 32257

**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

Lauren Carr

4/11/07

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RALLS, BILL
STREET ADDRESS	11952 LAURA ROSE CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	VPD
NAME	DYE, DOUGLAS
STREET ADDRESS	11964 ELIZABETH ANN COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	STD
NAME	JOHNSTONE, KATHY
STREET ADDRESS	12016 STACY SCOTT COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/24/07-80131-001 61.25

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:

Lauren Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

904-268-9183

Daytime Phone #