


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002288 (9)**

1. Corporation Name

SOUTHCREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1728 SOUTHCREEK DR. JACKSONVILLE FL 32259	1728 SOUTHCREEK DR. JACKSONVILLE FL 32259-8909

3. Date Incorporated or Qualified 05/19/1993	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-3307885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RYAN, WILLIAM B JR. 3000-8 HARTLEY RD. JACKSONVILLE FL 32257	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JOHN, BON	1.2 NAME	JOHN, BOB
STREET ADDRESS	1832 AUTUMNBROOK LANE	1.3 STREET ADDRESS	1832 AUTUMNBROOK LANE
CITY-ST-ZIP	JACKSONVILLE FL 32259	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32259
TITLE	VPD	2.1 TITLE	VPD
NAME	BENNETT, JENNY	2.2 NAME	JONES, SONNY
STREET ADDRESS	1724 SOUTHCREEK DRIVE	2.3 STREET ADDRESS	1705 SOUTHCREEK RD.
CITY-ST-ZIP	JACKSONVILLE FL 32259	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	SD	3.1 TITLE	
NAME	BEAUDRY, NANCY	3.2 NAME	
STREET ADDRESS	1728 SOUTHCREEK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	MEYER, GREG S	4.2 NAME	VACANT
STREET ADDRESS	1720 SOUTHCREEK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN, BOB	<input checked="" type="checkbox"/> CORRECTION
1.3 STREET ADDRESS	1832 AUTUMNBROOK LANE	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32259	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES, SONNY	
2.3 STREET ADDRESS	1705 SOUTHCREEK RD.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VACANT	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3/24/97 904-954-7852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007062

CR2E037 (9/96)