

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # N 93 00000 2288 (9)

1. Corporation Name
Southereek Homeowners Association, Inc



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 15 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1605 Rebecca Ct.
JAX, FL. 32259

Mailing Address
P.O. Box 600184
Fruit Cove, FL.
32259

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

3. Date Incorporated or Qualified
5/19/93

4. FEI Number
59-3307885

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
Fred E. Sant, P.A.
1650 Rudental Dr. #105
Jacksonville, FL. 32259

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when amending)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	Chip Rocker	<input type="checkbox"/> DELETE
NAME		1609 Rebecca Ct.	
STREET ADDRESS		Fruit Cove, FL. 32259	
CITY-ST-ZIP			
TITLE	VPD	Bill Devlin	<input type="checkbox"/> DELETE
NAME		1607 Rebecca Ct.	
STREET ADDRESS		Fruit Cove, FL. 32259	
CITY-ST-ZIP			
TITLE	SD	Shirley Kingsworth	<input type="checkbox"/> DELETE
NAME		1604 Rebecca Ct.	
STREET ADDRESS		Fruit Cove, FL. 32259	
CITY-ST-ZIP			
TITLE	TD	Chris Webber	<input type="checkbox"/> DELETE
NAME		1605 Rebecca Ct.	
STREET ADDRESS		Fruit Cove, FL. 32259	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

300002820543-01

-03/26/99-01105-024

*****70.00 *****70.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I 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, with all other like empowered.

SIGNATURE:

Chris Webber, TD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (904) 287-6129

CR2E037 (11/98)