2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002288

FILED May 10, 2006 Secretary of State

Entity Name: SOUTHCREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1736 SOUTHCREEK DRIVE 1609 REBECCA COURT JACKSONVILLE, FL 32259 FRUIT COVE, FL 32259

Current Mailing Address: New Mailing Address:

P.O. BOX 600184 P.O. BOX 600184

FRUIT COVE, FL 32259 FRUIT COVE, FL 322600184 US

FEI Number: 59-3307885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELEFANT, FRED P.A 1650 PRUDENTIAL DRIVE, #105 JACKSONVILLE, FL 32207

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.

SIGNATURE:

Name:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete

(X) Change () Addition

DEVLIN, BILL HALL, FRED Name:

1608 REBECCA COURT Address: 1609 REBECCA COURT Address: City-St-Zip: FRUIT COVE, FL 32259 City-St-Zip: FRUIT COVE, FL 32259

Title: () Delete Title: (X) Change () Addition

CLEVENGER, JOE Name: CLEVENGER, JOE Name:

Address: 1833 AUTUMNBROOK LANE Address: 1833 AUTUMNBROOK LANE City-St-Zip: FRUIT COVE, FL 32259 City-St-Zip: FRUIT COVE, FL 32259

Title: V/D () Delete Title: S/D (X) Change () Addition

GROCE, GARY STEWART, MARY Name: Name: 1729 SOUTHCREEK DR 1737 SOUTHCREEK DR Address: Address: City-St-Zip: FRUIT COVE, FL 32259 City-St-Zip: FRUIT COVE, FL 32259

Title: T/D () Delete Title: T/D (X) Change () Addition VANDENBORD, DONALD Name: Name: VANDENBORD, DONALD M

1736 SOUTHCREEK DR Address: 1736 SOUTHCREEK DR Address: City-St-Zip: FRUIT COVE, FL 32259 City-St-Zip: FRUIT COVE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M. VANDENBORD T/D 05/10/2006