## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002288

FILED Mar 19, 2007 Secretary of State

Entity Name: SOUTHCREEK HOMEOWNERS ASSOCIATION, INC.

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

1609 REBECCA COURT 1609 REBECCA COURT ST JOHNS, FL 32259 US

Current Mailing Address: New Mailing Address:

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

FRUIT COVE, FL 322600184 US ST JOHNS, FL 322600184 US

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

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 US

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:

- Flateric Circular (Davidson | Annal

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete Title: P/D (X) Change ( ) Addition Name: HALL, FRED Name: HALL, FRED

 Address:
 1609 REBECCA COURT
 Address:
 1609 REBECCA COURT

 City-St-Zip:
 FRUIT COVE, FL 32259
 City-St-Zip:
 ST JOHNS, FL 32259

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

Name: CLEVENGER, JOE Name: BROWN, GARY
Address: 1833 AUTUMNBROOK LANE Address: 1701 SOUTHCREEK DRIVE

City-St-Zip: FRUIT COVE, FL 32259 City-St-Zip: ST JOHNS, FL 32259

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

 Name:
 STEWART, MARY
 Name:
 STEWART, MARY

 Address:
 1737 SOUTHCREEK DR
 Address:
 1737 SOUTHCREEK DR

 City-St-Zip:
 FRUIT COVE, FL 32259
 City-St-Zip:
 ST JOHNS, FL 32259

Title: T/D ( ) Delete Title: T/D (X) Change ( ) Addition

 Name:
 VANDENBORD, DONALD M
 Name:
 LIWEN, BARBARA

 Address:
 1736 SOUTHCREEK DR
 Address:
 1809 AUTUMNBROOK LANE

 City-St-Zip:
 FRUIT COVE, FL 32259
 City-St-Zip:
 ST JOHNS, 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: FRED A HALL P/D 03/19/2007