

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # N93000002288

1. Entity Name
SOUTHCREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**P.O. BOX 600184
ST JOHNS, FL 32260-0184 US**



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3307885

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000854536
03/27/08-80011-022 61 25

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	HALL, FRED
STREET ADDRESS	1609 REBECCA COURT
CITY-ST-ZIP	ST JOHNS, FL 32259
TITLE	V/D
NAME	BROWN, GARY
STREET ADDRESS	1701 SOUTHCREEK DRIVE
CITY-ST-ZIP	ST JOHNS, FL 32259
TITLE	S/D
NAME	STEWART, MARY
STREET ADDRESS	1737 SOUTHCREEK DR
CITY-ST-ZIP	ST JOHNS, FL 32259
TITLE	T/D
NAME	LIWEN, BARBARA
STREET ADDRESS	1809 AUTUMNBROOK LANE
CITY-ST-ZIP	ST JOHNS, FL 32259

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #