

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N93000002874**

1. Entity Name  
**BIG OAK RUN UNIT TWO & THREE OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**ONE SAN JOSE PL  
34  
JACKSONVILLE, FL 32257 US**

Mailing Address  
**PO BOX 57911  
JACKSONVILLE, FL 32241 US**

**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3187937</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CARR, LAUREN  
ONE SAN JOSE PLACE  
34  
JACKSONVILLE, FL 32257**

**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 *Lauren Carr*

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

(NOTE: Registered Agent signature required when reinstating)

4/11/07  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYCE, VERNON 6673 GEORGIA JACK DRIVE JACKSONVILLE, FL 32244
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, SHERLANDA 6643 DELTA POST DRIVE W JACKSONVILLE, FL 32244
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLIS, WILLIAMS 6685 GEORGIA JACK DRIVE JACKSONVILLE, FL 32244
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULLIVAN, ANITA 7977 GEORGIA JACK COURT JACKSONVILLE, FL 32244
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000709528  
04/25/07-80006-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Lauren Carr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

DATE

904-260-9183

DAYTIME PHONE #