

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90188 006 ****61.25

DOCUMENT # N95000004554

1. Entity Name
SOUTHERN GROVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**920 3RD ST.
SUITE B
NEPTUNE BEACH, FL 32266 US**

Mailing Address
**920 3RD ST.
SUITE B
NEPTUNE BEACH, FL 32266 US**

40082421



04022007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3346405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, L DENISE
920 3RD ST. STE#B
NEPTUNE BEACH, FL 32266**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARKEY, BRIAN ☐ Delete
STREET ADDRESS 205 SCARLET OAKS CT
CITY- ST- ZIP JACKSONVILLE, FL 32259

TITLE VD
NAME COCHRAN, DAVID W ☐ Delete
STREET ADDRESS 7635 TIMBERLIN PARK BLVD APT 121
CITY- ST- ZIP JACKSONVILLE, FL 32256

TITLE SD
NAME MEOLE, ALEX ☐ Delete
STREET ADDRESS 300 TARA GLENN LN
CITY- ST- ZIP JACKSONVILLE, FL 32259

TITLE TD
NAME GARCIA, DIANE ☐ Delete
STREET ADDRESS 101 SOUTHERN GROVE DR
CITY- ST- ZIP JACKSONVILLE, FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 #

BRIAN MARKEY

07 APRIL 07

904-287-9836