

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

**FILED  
Jun 04, 2008  
Secretary of State**

DOCUMENT# N98000002696

Entity Name: STEVENS PLACE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

76043 SIDNEY PLACE  
YULEE, FL 32097

**New Principal Place of Business:**

**Current Mailing Address:**

76043 SIDNEY PLACE  
YULEE, FL 32097

**New Mailing Address:**

FEI Number: 59-3593850      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:**

WOOD, MARSHALL E ESQ  
303 CENTRE STREET  
SUITE 100  
FERNANDINA BEACH, FL 32034 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PATEL, RAMANBHAI  
Address: 14627 HADLEY COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: PATEL, KANCHANBEN  
Address: 14627 HADLEY COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Delete  
Name: PATEL, CHIRAYU  
Address: 14627 HADLEY COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAMANBHAI PATEL

PSD

06/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date