


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90036 006 ****61.25

DOCUMENT # N98000005459 1. Entity Name CONFEDERATE CROSSING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10450 SAN JOSE BLVD. JACKSONVILLE, FL 32257		Mailing Address PO BOX 600695 JACKSONVILLE, FL 32260	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 37592 Suite, Apt. #, etc.	
City & State Zip		City & State JACKSONVILLE, FL Zip 32236-7592	
Country		Country	
4. FEI Number 59-3683858		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATT, DENNIS L 10450 SAN JOSE BLVD. STE. 3 JACKSONVILLE, FL 32257		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPST WILLIAMS, WALTER L JR 445 SR 13 N. SUITE 6B JACKSONVILLE, FL 32259	TITLE	Director - D-P Tod Wood 10580 GRAYSON COURT JACKSONVILLE, FL 32220-1898
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WILLIAMS, SHELLEY 445 SR 13 NORTH SUITE B JACKSONVILLE, FL 32259.	TITLE	Director - D PAT BRANT 10638 GRAYSON STREET JACKSONVILLE, FL 32220
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D IDDING, COLLEN 445 SR 13 N., SUITE 6B JACKSONVILLE, FL 32259	TITLE	Director - D STEPHANIE HARKINS 10725 GRAYSON COURT JACKSONVILLE, FL 32220
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Tod L. Wood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-25-2006 904-378-0701 <small>Date Daytime Phone #</small>	

Tod L. Wood Director/President