

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005459

FILED
Feb 25, 2007
Secretary of State

Entity Name: CONFEDERATE CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10450 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

10580 GRAYSON COURT
JACKSONVILLE, FL 32220

Current Mailing Address:

PO BOX 375897
JACKSONVILLE, FL 32260

New Mailing Address:

P. O BOX 37592
JACKSONVILLE, FL 32236

FEI Number: 59-3683858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATT, DENNIS L
10450 SAN JOSE BLVD.
STE. 3
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title: DPST () Delete
Name: WOOD, TOD
Address: 10580 GRAYSON COURT
City-St-Zip: JACKSONVILLE, FL 322201898

Title: D () Delete
Name: WILLIAMS, SHELLEY
Address: 10638 GRAYSON ST.
City-St-Zip: JACKSONVILLE, FL 32220

Title: D () Delete
Name: HARKINS, STEPHANIE
Address: 10725 GRAYSON COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BRANT, PAT
Address: 10638 GRAYSON ST.
City-St-Zip: JACKSONVILLE, FL 32220

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOD L WOOD

PRES

02/25/2007

Electronic Signature of Signing Officer or Director

Date