

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90357 019 ****61.25

DOCUMENT # N99000002448 1. Entity Name OLDE SUTTON OAKS OWNERS ASSOCIATION, INC.					
Principal Place of Business 6640 103RD STREET JACKSONVILLE, FL 32210			Mailing Address 6640 103RD STREET JACKSONVILLE, FL 32210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3571099				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			7. Name and Address of New Registered Agent		
FOREHAND, MARIE 6640 103RD STREET JACKSONVILLE, FL 32210			Name <i>Marie Forehand</i> Street Address (P.O. Box Number is Not Acceptable) <i>6640 103rd St</i> City <i>Jacksonville</i> FL Zip Code <i>32210</i>		
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 <i>Marie Forehand</i> / <i>4/25/05</i> <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MICHAEL J 2900 GOLDEN POND BLVD. ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Heather Hartley 141 Dover Bluff Dr. Orange Park, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TWORKENSLIE, ELAINE 349 TURTLE DOVE DRIVE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeffrey Dougherty 380 Turtle Dove Orange Park, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, SHIRLEY 309 TURTLE DOVE DRIVE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Heather Harker 2929 Golden Pond Blvd Orange Park, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Su #8 Heather Harker signed on line 8. Please accept for #12</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					