

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90196 043 \*\*\*\*61.25

**60001832**



01102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N99000002448</b> 1. Entity Name <b>OLDE SUTTON OAKS OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>6640 103RD STREET JACKSONVILLE, FL 32210</b>		Mailing Address <b>6640 103RD STREET JACKSONVILLE, FL 32210</b>	
2. Principal Place of Business - No P.O. Box # <b>767 Blandings Blvd</b>		3. Mailing Address <b>767 Blandings Blvd</b>	
Suite, Apt. #, etc. <b>Ste 112</b>		Suite, Apt. #, etc. <b>Ste 112</b>	
City & State <b>ORANGE PARK, FL</b>		City & State <b>ORANGE PARK, FL</b>	
Zip <b>32065</b>		Zip <b>32065</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>HALL, JANE A RE MAR SPECIALISTS 1008 PARK AVE ORANGE PARK, FL 32073</b>		7. Name and Address of New Registered Agent Name <b>CHRISTOPHER M. JACKSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>767 Blandings Blvd.</b> <b>Ste 112</b> City <b>ORANGE PARK</b> <b>FL</b> Zip Code <b>32065</b>	
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 <u><i>Chris M. Jackson</i></u> <b>CAM</b> <span style="float: right;">1/10/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>VP</b>	NAME <b>HARTLEY, HEATHER</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>141 DOVER BLUFF DR.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ORANGE PARK, FL 32073</b>			
TITLE <b>P</b>	NAME <b>WENDELL, ANDREWS J</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>2885 GOLDEN POND BLVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ORANGE PARK, FL 32073</b>			
TITLE <b>ST</b>	NAME <b>HARKER, HEATHER</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>2929 GOLDEN POND BLVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ORANGE PARK, FL 32073</b>			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Chris M. Jackson</i></u> <b>Management</b>		Date <u>1/10/07</u> Daytime Phone # <u>904 276-1412</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			