

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726559 (8)  
1. Corporation Name  
**SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED**



Principal Place of Business: 614 MOCKINGBIRD LANE, P O BOX 160232, ALTAMONTE SPRINGS FL 32714, US  
Mailing Address: 614 MOCKINGBIRD LANE, P O BOX 160232, ALTAMONTE SPRINGS FL 32714, US

3. Date Incorporated or Qualified: 05/30/1973  
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business: 21 626 Mockingbird Lane, 22 Suite, Apt. #, etc., 23 City & State: Altamonte Springs, 24 Zip: 32714, 25 Country: US  
2a. Mailing Address: 26 626 Mockingbird Lane, 27 Suite, Apt. #, etc., 28 City & State: Altamonte Springs, 29 Zip: 32714, 30 Country: US

4. FEI Number: 59-1613050  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: RIEB, JAMES W, 614 MOCKINGBIRD LANE, ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent: 81 Name: Kauffman, John E, 82 Street Address (P.O. Box Number is Not Acceptable): 626 Mockingbird Lane, 83, 84 City: Altamonte Springs, FL, 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John E Kauffman, 1/15/96  
Signature typed or printed name of registered agent and date of filing (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	NAME: RIEB, JAMES W. STREET ADDRESS: 614 MOCKINGBIRD LANE CITY-ST-ZIP: ALTAMONTE SPRINGS FL	1.1 TITLE: President 1.2 NAME: Kauffman, John E. 1.3 STREET ADDRESS: 626 Mockingbird Lane 1.4 CITY-ST-ZIP: Altamonte Springs, FL 32714
TITLE: VD	NAME: GARTNER, JOHN T. STREET ADDRESS: 648 LITTLE WEKIVA RD. CITY-ST-ZIP: ALTAMONTE SPRINGS FL	2.1 TITLE: Vice President 2.2 NAME: Kintner, Britt 2.3 STREET ADDRESS: 512 Teakwood Avenue 2.4 CITY-ST-ZIP: Altamonte Springs, FL 32714
TITLE: DS	NAME: KINTNER, JOYCE STREET ADDRESS: 512 TEAKWOOD DRIVE CITY-ST-ZIP: ALTAMONTE SPRINGS FL	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: TD	NAME: JULY, CAROL STREET ADDRESS: 644 WHEELING AVE CITY-ST-ZIP: ALTAMONTE SPRINGS FL	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E Kauffman, 1/15/96 (407) 829-2830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

CR2E037 (12/95)