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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 626 MOCKINGBIRD LANE, ALTAMONTE SPRINGS FL 32714, US  
Mailing Address: 626 MOCKINGBIRD LANE, ALTAMONTE SPRINGS FL 32714, US

3. Date Incorporated or Qualified: 05/30/1973  
4. FEI Number: 59-3454361 (see attached)  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. As this nonprofit corporation a homeowners association? (See attached)  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 512 Teakwood Drive, Suite, Apt. #, etc.  
2a. Mailing Address: P.O. Box 160232, Suite, Apt. #, etc.  
23. City & State: Altamonte Springs FL (FL)  
28. City & State: ALTAMONTE SPRINGS  
24. Zip: 32714, Country: US  
29. Zip: 32716, Country: US  
30. Zip: US

9. Name and Address of Current Registered Agent: KAUFFMAN, JOHN E, 626 MOCKINGBIRD LANE, ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent: 81 Name: HOWARD BRITT KINTNER, 82 Street Address: 512 TEAKWOOD DRIVE, 84 City: ALTAMONTE, 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: Howard Britt Kintner, HOWARD BRITT KINTNER, PRESIDENT 2/19/98

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, JOHN E	
STREET ADDRESS	626 MOCKINGBIRD LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KINTNER, BRITT	
STREET ADDRESS	512 TEAKWOOD AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KINTNER, JOYCE	
STREET ADDRESS	512 TEAKWOOD DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELEH, LARRINE	
STREET ADDRESS	605 APPLEWOOD AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAUFFMAN, JOHN E	
1.3 STREET ADDRESS	626 MOCKINGBIRD LANE	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD BRITT KINTNER	
2.3 STREET ADDRESS	512 TEAKWOOD DRIVE	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SABULSKY, SCOTT	
3.3 STREET ADDRESS	606 GREENBRIAR AVENUE	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WELCH, LORRAINE	
4.3 STREET ADDRESS	605 APPLEWOOD AVENUE	
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVENPORT, JEFF	
5.3 STREET ADDRESS	628 ORCHID AVENUE	
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SANTANA, RENEE	
6.3 STREET ADDRESS	646 WILLOWWOOD AVENUE	
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	

14. 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 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: Howard Britt Kintner, PRESIDENT 2/19/98 (407) 898-8122

CP2E037 (10/97)

13.

D

Coign, Roy  
518 Greenbriar Avenue  
ALTAMONTE Springs, FL 32714

Addition

D

Gilbreath, LARRY  
608 Colby Ct.  
ALTAMONTE Springs, FL 32714

Addition

D

SANTANA, George  
646 Willowwood Avenue  
ALTAMONTE Springs, FL 32714

Addition