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Mar 11, 1999 8:00 am
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03-11-1999 90251 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726559

1. Corporation Name

SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

512 TEAKWOOD DRIVE
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

P.O. BOX 160232
 ALTAMONTE SPRINGS FL 32716
 US



2. Principal Place of Business

21 606 Greenbriar

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
 05/30/1973

22 Suite, Apt. #, etc.

23 ALTAMONTE Springs, FL

27 City & State

4. FEI Number
 59-3454361

Applied For
 Not Applicable

24 32714 25 US

28 City & State
 29 Zip
 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~KINTNER, HOWARD BRITT~~
~~512 TEAKWOOD DRIVE~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name Sabulsky, Scott
 82 Street Address (P.O. Box Number is Not Acceptable)
 606 GREENBRIAR AVENUE
 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

Scott Sabulsky Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/8/99

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	P	<input type="checkbox"/> DELETE
NAME	KINTNER, HOWARD BRITT	
STREET ADDRESS	512 TEAKWOOD AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SABULSKY, SCOTT	
STREET ADDRESS	606 GREENBRIAR AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WELCH, LORRAINE	
STREET ADDRESS	605 APPLEWOOD AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, JEFF	
STREET ADDRESS	628 ORCHID AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANTANA, RENEE	
STREET ADDRESS	646 WILLOWOOD AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	-D-	<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	-D-	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KINTNER, HOWARD BRITT	
2.3 STREET ADDRESS	512 TEAKWOOD DRIVE	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
3.1 TITLE	-P-	<input checked="" type="checkbox"/> Change <input 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	-S-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gail Fote	
4.3 STREET ADDRESS	513 GREENBRIAR BLVD	
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	BLACKWELL, DAVID	
5.3 STREET ADDRESS	727 Little Wicket	
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	Gilbreath, LARRY	
6.3 STREET ADDRESS	606 Colby Ct.	
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, with all other like empowered.

SIGNATURE: *Scott Sabulsky* Signature and typed or printed name of signing officer or director. DATE: 3/8/99 Daytime Phone #: (907) 875-6213

CR2E037 (11/98)