




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90024 042 ****70.00

DOCUMENT # 726559					
1. Entity Name SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business 620 ORCHID LANE ALTAMONTE SPRINGS, FL 32714 US			Mailing Address P.O. BOX 160232 ALTAMONTE SPRINGS, FL 32716 US		
2. Principal Place of Business 637 SPRING OAKS BLVD		3. Mailing Address		03172004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ALTAMONTE SPRINGS FL		City & State		4. FEI Number 59-3454361	
Zip 32714		Country Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, W L 620 ORCHID LANE ALTAMONTE SPRINGS, FL 32714			Name JOHN D DENMARK		
			Street Address (P.O. Box Number is Not Acceptable) 637 SPRING OAKS BLVD		
			City ALTAMONTE SPRINGS FL		
			Zip Code 32714		
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 		JOHN D DENMARK		3/27/04	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCAGGS, WILLIAM		NAME		
STREET ADDRESS	521 BALSAWOOD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOTE, GAIL		NAME		
STREET ADDRESS	513 GREENBRIAR BLVD		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMENT, MAVIS		NAME		
STREET ADDRESS	608 SPRUCEWOOD CIR.		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WELCH, DORRAINE		NAME	JOHN D DENMARK	
STREET ADDRESS	605 SPRUCEWOOD CIR.		STREET ADDRESS	637 SPRING OAKS BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, W L		NAME	VP	
STREET ADDRESS	620 ORCHID LANE		STREET ADDRESS	MICHAEL W HOBSON	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		STREET ADDRESS	600 ARTHUR LANE	
			CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILBREATH, NANCY		NAME	D	
STREET ADDRESS	606 COLBY CT		STREET ADDRESS	GILBREATH, NANCY	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	606 COLBY COURT	
				ALTAMONTE SPRINGS FL 32714	
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: 		JOHN D DENMARK		3/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	
				407-682-7402	