


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 726559</b>			
1. Entity Name SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED			
Principal Place of Business 637 SPRING OAKS BLVD. ALTAMONTE SPRINGS, FL 32714 US		Mailing Address P.O. BOX 160232 ALTAMONTE SPRINGS, FL 32716 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DENMARK, JOHN D 637 SPRING OAKS BLVD. ALTAMONTE SPRINGS, FL 32714		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

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01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3454361 Applied For Not Applicable

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SCAGGS, WILLIAM STREET ADDRESS 521 BALSABWOOD CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME FOTE, GAIL STREET ADDRESS 513 GREENBRIAR BLVD CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME P KINTNER, HOWARD STREET ADDRESS 512 Teakwood DR CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME LAMENT, MAVIS STREET ADDRESS 608 SPRUCEWOOD CIR. CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DENMARK, JOHN D STREET ADDRESS 637 SPRING OAKS BLVD. CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP HUDSON, MICHAEL STREET ADDRESS 600 ACHOCHY LANE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME VP RIVAS, PAM STREET ADDRESS 661 Little WeKiva Rd CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D GILBREATH, NANCY STREET ADDRESS 606 COLBY CT CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Howard Kintner, HOWARD Kintner 1/5/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #