

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726559

FILED
Apr 02, 2006
Secretary of State

Entity Name: SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

637 SPRING OAKS BLVD.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

P.O. BOX 160232
ALTAMONTE SPRINGS, FL 32716 US

Current Mailing Address:

P.O. BOX 160232
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-3454361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENMARK, JOHN D
637 SPRING OAKS BLVD.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCAGGS, WILLIAM
Address: 521 BALSABWOOD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: KINTNER, HOWARD
Address: 512 TEAKWOOD DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: LAMENT, MAVIS
Address: 608 SPRUCEWOOD CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: DENMARK, JOHN D
Address: 637 SPRING OAKS BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: RIVAS, PAM
Address: 681 LITTLE WEKIVA RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: GILBREATH, NANCY
Address: 606 COLBY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CYNTHIA, LEE
Address: 635 WOODLAND STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAMENT, MAVIS
Address: 608 SPRUCEWOOD CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. DENMARK

T

04/02/2006

Electronic Signature of Signing Officer or Director

_____ Date