

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 038 ****61.25

DOCUMENT # 726559

1. Entity Name
 SPRING OAKS HOMEOWNERS ASSOCIATION,
 INCORPORATED



Principal Place of Business Mailing Address
 P.O. BOX 160232 P.O. BOX 160232
 ALTAMONTE SPRINGS, FL 32716 US ALTAMONTE SPRINGS, FL 32716 US



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3454361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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* *TORRES* *3/23/07*
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	CYNTHIA, LEE <i>RITA S DENMARK</i>
STREET ADDRESS	635 WOODLAND STREET <i>637 SPRING OAKS BLVD</i>
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714 <i>Altamonte Spgs FL 32714</i>
TITLE	P
NAME	KINTNER, HOWARD
STREET ADDRESS	512 TEAKWOOD DR
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	LAMENT, MAVIS
STREET ADDRESS	608 SPRUCEWOOD CIR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	T
NAME	DENMARK, JOHN D
STREET ADDRESS	637 SPRING OAKS BLVD.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	P
NAME	RIVAS, PAM
STREET ADDRESS	661 LITTLE WEKIVA RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	P
NAME	GILBREATH, NANCY
STREET ADDRESS	606 COLBY CT
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* *3/23/07* *407-662-1568*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #