

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726559

FILED  
Jan 14, 2009  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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: O ( ) Delete  
Name: DENMARK, RUTH S  
Address: 637 SPRING OAKS BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P ( ) Delete  
Name: BYERLY, JIM  
Address: 511 BAYWOOD COURT  
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: O ( ) Delete  
Name: RIVAS, PAM  
Address: 661 LITTLE WEKIVA RD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: O (X) Change ( ) Addition  
Name: GLYNETTE, BROWN  
Address: 618 RIVERVIEW AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition  
Name: CARLSON, TRACY  
Address: 629 EASTWOOD COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Change (X) Addition  
Name: MICHELLE, FERREE  
Address: 502 LITTLE WEKIVA ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date