

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726559

FILED  
Feb 15, 2011  
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:**

624 BILLS LANE  
ALTAMONTE SPRINGS, FL 32714 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 ( )

**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:**

DIAZ, MARGIE  
625 PEACHWOOD DR  
ALTAMONTE SPRINGS, FL 32714 US

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: MARGIE DIAZ

02/15/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: MARGIE, DIAZ  
Address: P.O. BOX 160232  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 02

Title: P  
Name: KONSTAN, DAVID  
Address: P.O. BOX 160232  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: VP  
Name: KAUL, WARREN  
Address: P.O. BOX 160232  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: S  
Name: FRAGOSO, JUDY  
Address: P.O. BOX 160232  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

I hereby 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 all other like empowered.

SIGNATURE: MARGIE DIAZ

T

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date