


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90027 037 ****61.25

DOCUMENT # N01000003612

1. Entity Name
SECLUDED OAKS HOMEOWNERS' ASSOCIATION OF SARASOTA, INC.



Principal Place of Business 98 SARASOTA CENTER BLVD #D SARASOTA, FL 34240	Mailing Address 98 SARASOTA CENTER BOULEVARD SUITE D SARASOTA, FL 34240
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02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3664330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNABB, DAVID
98 SARASOTA CENTER BLVD SUITE D SARASOTA, FL 34240

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNABB, DAVID 98 SARASOTA CENTER BLVD, STE D SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELMUTH, MARCUS 98 SARASOTA CENTER BLVD, STE D SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, JESSICA 98 SARASOTA CENTER BLVD, STE D SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: DAVID MCNABB **2/9/04** **941-379-2946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #