

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 043 ****61.25

DOCUMENT # N010D0003612
 1. Entity Name
 SECLUDED OAKS HOMEOWNERS' ASSOCIATION OF SARASOTA, INC.



Principal Place of Business
 8229 BLAIKIE CT.
 SARASOTA, FL 34240

Mailing Address
 8229 BLAIKIE CT.
 SARASOTA, FL 34240

2. Principal Place of Business - No P.O. Box #
 7940 Century Oak Dr.
 Suite, Apt. #, etc.
 Sarasota, FL

3. Mailing Address
 5342 Clark Rd. PMB 116
 Suite, Apt. #, etc.
 Sarasota, FL

City & State
 Sarasota, FL

City & State
 Sarasota, FL



03102007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 RINEHART, STEPHEN
 P.O. BOX 20788
 BRADENTON, FL 34204

7. Name and Address of New Registered Agent
 Name: Guy DeMarco
 Street Address (P.O. Box Number is Not Acceptable): 7940 Century Oak Dr
 City: Sarasota FL Zip Code: 34241

4. FEI Number
 04-3664730

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Guy DeMarco* DATE: 3/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLARI, LUIS 8229 BLAIKIE CT. SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Guy DeMarco 7940 Century Oak Dr. Sarasota, FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Frank Minore 4820 Sweet Shade Dr. Sarasota, FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Mary Ellen Chanin 4911 Luster Leaf Ln Sarasota, FL 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mary Ellen Chanin* Mary Ellen Chanin DATE: 4/3/07 941-925-8099

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