


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-10-2008 90067 027****61.75
N0100003612

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0100003612			
1. Entity Name SECLUDED OAKS HOMEOWNERS' ASSOCIATION OF SARASOTA, INC.			
Principal Place of Business 7940 CENTURY OAK DR SARASOTA, FL 34241		Mailing Address 5342 CLARK RD PMB 116 SARASOTA, FL 34233-3227	
2. Principal Place of Business - No P.O. Box # 4820 Sweet Shade Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota FL		City & State	
Zip 34241		Country	
4. FEI Number 04-3664730		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 DEMARCO, GUY 7940 CENTURY OAK DR SARASOTA, FL 34241		7. Name and Address of New Registered Agent Name: FRANK Minore Street Address (P.O. Box Number is Not Acceptable): 4820 Sweet Shade Dr. City: Sarasota FL Zip Code: 34241	
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: <i>Frank Minore</i> Frank Minore DATE: 2/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when releasing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: P	NAME: DEMARCO, GUY STREET ADDRESS: 7940 CENTURY OAK DR CITY-ST-ZIP: SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete	TITLE: P
TITLE: VP	NAME: MINORE, FRANK STREET ADDRESS: 4820 SWEET SHADE DR CITY-ST-ZIP: SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete	NAME: FRANK MINORE STREET ADDRESS: 4820 Sweet Shade Dr. CITY-ST-ZIP: Sarasota, FL 34241
TITLE: ST	NAME: CHANIN, MARY ELLEN STREET ADDRESS: 4911 LUSTER LEAF LANE CITY-ST-ZIP: SARASOTA, FL 34241	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	<input type="checkbox"/> Delete	NAME: KATHLEEN GABA STREET ADDRESS: 7980 Century Oak Dr. CITY-ST-ZIP: Sarasota, FL 34241
TITLE:	NAME:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	<input type="checkbox"/> Delete	<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: <i>Mary Ellen Chanin</i> MARY ELLEN CHANIN		DATE: 2/28/08 941-925-8099	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	