


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90150 038 \*\*\*\*61.25

**DOCUMENT # N01000004831**

1. Entity Name  
**SEVEN OAKS PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**C/O CRWON COMMUNITY DEVELOPMENT  
5808 OLD PASCO RD.  
WESLEY CHAPEL FL 33544**

Mailing Address  
**C/O CRWON COMMUNITY DEVELOPMENT  
5808 OLD PASCO RD.  
WESLEY CHAPEL FL 33544**

2. Principal Place of Business  
**c/o Crown Community Development**

3. Mailing Address  
**c/o Crown Community Development**

Suite, Apt. #, etc.  
**2940 Sports Core Cir.**

Suite, Apt. #, etc.  
**2940 Sports Core Cir.**

City & State  
**Wesley Chapel, FL**

City & State  
**Wesley Chapel, FL**

Zip  
**33543**

Country  
**Pasco**

Zip  
**33543**

Country  
**Pasco**

4. FEI Number **59-3733226**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, AILEEN S  
100 S. ASHLEY DR., STE. 1500  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PANASENY, TOM 5808 OLD PASCO RD. WESLEY CHAPEL FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV NETTINA, PAUL 5808 OLD PASCO RD. WESLEY CHAPEL FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELMONE, ARLENE 5808 OLD PASCO RD. WESLEY CHAPEL FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SUMMERSON, CHERYL A 5808 OLD PASCO RD WESLEY CHAPEL FL 33544</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2940 Sports Core Cir. Wesley Chapel, FL 33543</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2940 Sports Core Cir. Wesley Chapel, FL 33543</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS 2940 Sports Core Cir. Wesley Chapel, FL 33543</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2940 Sports Core Cir. Wesley Chapel, FL 33543</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Arle M. Elmore **Arle M. Elmore** 2/19/03 (813) 994-2277

CR2E037 (10/02)