

112

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 19 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600 111 400955
10/26/07--01057--015 **\$1.25



09182007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000010307			
1. Entity Name SOUTH FORK OF HILLSBOROUGH COUNTY II HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	
2. Principal Place of Business - No P.O. Box # 4131 GUNN HWY		3. Mailing Address 4131 GUNN HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33618	Country U.S.	Zip 33618	Country U.S.
4. FEI Number 20-1137598		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 RAMPART PROPERTIES, INC. 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name JAMES R. DE FURIO Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD. STE 775 City TAMPA FL Zip Code 33602	
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		James R. De Furio 10-2-07	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	DP ZAGORSKI, SUSAN 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUSAN ZAGORSKI 10904 - GOLDEN SILENCE DR. RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOZZUTO, NICK 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICK BOZZUTO 11222 - SUMMER STAR DR. RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMONS, JOAN 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOAN VASSER LAMONS 10901 - AUSTRALIAN PINE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASKERT, HEATHER 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEATHER PASKERT 11121 - SUMMER STAR DR. RIVERVIEW, FL. 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESCH, BRANDON 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDON DESCH 11175 - GOLDEN SILENCE DR. RIVERVIEW, FL. 33569 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGIERO, ANTHONY 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY RIGIERO 13704 - TRINITY LEAF PLACE RIVERVIEW, FL. 33569 <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:		Susan Zagorski 10/1/2007 83-748-4953	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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D

Tony Smith
13522 Mango Bay
Riverview, FL 33569

X Add