

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03939

FILED
Mar 09, 2007
Secretary of State

Entity Name: NORTH OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9300 N. 16TH ST
101
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9300 N. 16TH ST
101
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-2508746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 N. 16TH ST
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WITSCHIEBEN, ROBERT
Address: 14550 BRUCE B. DOWNS #135
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: KINCAID, STEVE
Address: 14550 BRUCE B. DOWNS
City-St-Zip: TAMPA, FL 33613

Title: VPD () Delete
Name: GWYNEDOLYN, ELLIS
Address: 14550 BRUCE B. DOWNS #48
City-St-Zip: TAMPA, FL 33613

Title: TD () Delete
Name: FIERE, DON
Address: 14550 BRUCE B. DOWNS #175
City-St-Zip: TAMPA, FL 33613

Title: DS () Delete
Name: MAORI, TOM
Address: 14550 BRUCE B. DOWNS #252
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELLIS, GWYNEDOLYN J
Address: 14550 BRUCE B. DOWNS BLDG 28 UNIT 48
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change () Addition
Name: KINCAID, STEVE
Address: 14550 BRUCE B. DOWNS BLDG 23 UNIT 126
City-St-Zip: TAMPA, FL 33613

Title: VPD (X) Change () Addition
Name: MACRI, TOM
Address: P.O. BOX 47256
City-St-Zip: TAMPA, FL 33647

Title: TD (X) Change () Addition
Name: FIERE, DON
Address: 14550 BRUCE B. DOWNS BLDG 4 UNIT 175
City-St-Zip: TAMPA, FL 33613

Title: DS (X) Change () Addition
Name: NORKAS, JOHN
Address: 14550 BRUCE B. DOWNS BLDG 21 UNIT 109
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET WINFIELD

AGEN

03/09/2007

Electronic Signature of Signing Officer or Director

Date