


FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90050 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15629					
1. Corporation Name SOUTHERN OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 399 AINSLEY ST. SE PALM BAY FL 32909 US			Mailing Address 399 AINSLEY ST. SE PALM BAY FL 32909 US		

477253 - 90050 - 16



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1986	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2768097	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUMMINGS, AVA 399 AINSLEY ST. SE PALM BAY FL 32909				81 Name AVA Cummings			
				82 Street Address (P.O. Box Number is Not Acceptable) 399 Ainsley St. SE			
				83			
				84 City Palm Bay FL 85 Zip Code 32909			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, AVA	1.2 NAME	
STREET ADDRESS	399 AINSLEY ST., SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPARA, ANDY	2.2 NAME	
STREET ADDRESS	678 SEVEN GABLES CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, MICHAEL	3.2 NAME	WOODARD, Patrick
STREET ADDRESS	107 VIN ROSE CIR	3.3 STREET ADDRESS	641 Roth Court SE
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Palm Bay, FL 32909-6542
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, ROSALYN	4.2 NAME	
STREET ADDRESS	1394 RUFFIN CIRCLE, SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADWAY, LUTHER	5.2 NAME	
STREET ADDRESS	701 ALFORD ST, SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPARA, PATRICIA	6.2 NAME	
STREET ADDRESS	678 SEVEN GABLES, CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVA Cummings SIGNATURE REQUIRED: AVA Cummings 4/26/99 768-6711

CR2E037 (1/98)