

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90085 006 ****61.25

DOCUMENT # N15629

1. Entity Name

SOUTHERN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

399 AINSLEY ST. SE
 PALM BAY FL 32909
 US

399 AINSLEY ST. SE
 PALM BAY FL 32909-8526
 US

2. Principal Place of Business

1354 Eldron Blvd. SE

Suite, Apt. #, etc.

3. Mailing Address

1354 Eldron Blvd. SE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Palm Bay Florida

City & State
 Palm Bay Florida

4. FEI Number
 59-2768097

Applied For
 Not Applicable

Zip
 32909

Country
 USA

Zip
 32909

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUMMINGS, AVA
 399 AINSLEY ST, SE
 PALM BAY FL 32909

Name
 DONALD L. Carothers

Street Address (P.O. Box Number is Not Acceptable)
 1354 SE Eldron Blvd

City
 Palm Bay FL Zip Code
 32909

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.

SIGNATURE: Donald L. Carothers DONALD L. CAROTHERS, President 5/23/00
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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, AVA 399 AINSLEY ST., SE PALM BAY FL 32909	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIPARA, ANDY 678 SEVEN GABLES CIR PALM BAY FL 32909	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODARD, PATRICK 641 ROTH CT SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFE, ROSALYN 1394 RUFFIN CIRCLE, SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADWAY, LUTHER 701 ALFORD ST, SE PALM BAY FL 32909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIPARA, PATRICIA 678 SEVEN GABLES, CIR PALM BAY FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD L. Carothers 1354 SE Eldron Blvd Palm Bay FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANN PHYLIS MISTRETTA 1351 ELDRON BLVD SE. PALM BAY FL 32909	<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
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: Rosalyn Wolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00

Date Daytime Phone #

CR2E037 (9/99)