


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State


DOCUMENT # N32210 1. Entity Name SIXTEEN OAKS ASSOCIATION, INC.	
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Principal Place of Business 11481 OAKHURST RD LARGO FL 34644 US	Mailing Address 11481 OAKHURST RD LARGO FL 34644 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-3079676	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNA, SHARON L 11481 OAKHURST RD LARGO FL 33774	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD STIVALI, SANTO <input type="checkbox"/> Delete 11477 OAKHURST RD LARGO FL 33774
TITLE	VPD STRADER, ROSA LEE <input type="checkbox"/> Delete 11477 OAKHURST RD LARGO FL 33774
TITLE	S PERNA, SHARON <input type="checkbox"/> Delete 11481 OAKHURST RD LARGO FL 33774
TITLE	I ROSEMARIE, STIVALI <input type="checkbox"/> Delete 11473 OAKHURST RD LARGO FL 33774
TITLE	D MCPHERON, LINDA <input type="checkbox"/> Delete 11469 OAKHURST RD LARGO FL 33774
TITLE	D MUDGER, STEVE <input type="checkbox"/> Delete 11481 OAKHURST RD LARGO FL 33774

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000028296 02/04/04-80020-008 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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)(f), 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: *Santo Stivali* 01-29-04