


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90046 033 ****61.25

DOCUMENT # N32210							
1. Entity Name SIXTEEN OAKS ASSOCIATION, INC.							
Principal Place of Business 11479 OAKHURST RD LARGO, FL 33774 US		Mailing Address 11479 OAKHURST RD LARGO, FL 33774 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3079676 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SNEDEKER, RODNEY 11479 OAKHURST RD LARGO, FL 33774			Name Street Address (P.O. Box Number is Not Acceptable) City				
			FL Zip Code				
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							
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SNEDEKER, RODNEY		NAME				
STREET ADDRESS	11479 OAKHURST RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STRADER, ROSA LEE		NAME				
STREET ADDRESS	11477 OAKHURST RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SNEDEKER, ELIZABETH		NAME				
STREET ADDRESS	11479 OAKHURST RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MUDJER, SHARON		NAME				
STREET ADDRESS	11481 OAKHURST DR		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STRADER, JOHN		NAME				
STREET ADDRESS	11477 OAKHURST RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MUDJER, STEVE		NAME				
STREET ADDRESS	11481 OAKHURST RD		STREET ADDRESS				
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP				
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: <u>Rodney G. Snedeker</u> Rodney G. Snedeker 4/2/08							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							