

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90118 035 ****61.25

DOCUMENT # N32210

1. Entity Name
SIXTEEN OAKS ASSOCIATION, INC.



Principal Place of Business

**11481 OAKHURST RD
LARGO FL 34644
US**

Mailing Address

**11481 OAKHURST RD
LARGO FL 34644
US**

90003365



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3079676**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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

9. Election Campaign Financing Trust Fund Contribution.

\$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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	STIVALI, SANTO		
	11477 OAKHURST RD		
	LARGO FL 33774		
VPD	STRADER, ROSA LEE		
	11477 OAKHURST RD		
	LARGO FL 33774		
S	PERNA, SHARON		
	11481 OAKHURST RD		
	LARGO FL 33774		
T	ROSEMARIE, STIVALI		
	11473 OAKHURST RD		
	LARGO FL 33774		
D	MCPHERON, LINDA		
	11469 OAKHURST RD		
	LARGO FL 33774		
D	MUDGER, STEVE		
	11481 OAKHURST RD		
	LARGO FL 33774		

2. 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/03 (727)596-4363

CR2E037 (10/02)