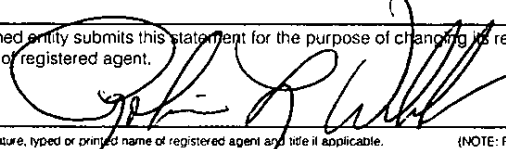
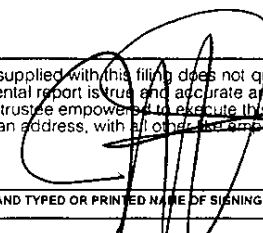


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90009 004 ****61.25

DOCUMENT # N96000005789 1. Entity Name RAYMOND OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 901 N. LAKE DESTINY DRIVE SUITE 119 MAITLAND, FL 32751			Mailing Address 901 N. LAKE DESTINY DRIVE SUITE 119 MAITLAND, FL 32751		
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		Country		01162008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3185258				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, ROBIN L 901 N LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751			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  2/4/2008 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. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D MORRELL, BOB 115 RAYMOND OAKS COURT ALTAMONTE SPRINGS, FL 32701	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morreil, Tina 115 Raymond Oaks Court Alt. Springs, FL 32701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOBRON, ROCKY 116 RAYMOND OAKS COURT ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, JOAN 112 RAYMOND OAKS CT ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGLETERY, JEFF 119 RAYMOND OAKS CT. ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDSTEIN, SAM 111 RAYMOND OAKS CT. ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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:  1/30/08 401-383-1933 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					