

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90007 024 \*\*\*\*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**

**40015078**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3185258**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WEBB, ROBIN L.  
901 N LAKE DESTINY DRIVE  
SUITE 110  
MAITLAND, FL 32751**

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, 2005**

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 **SD** ☐ Delete  
NAME **MORRELL, BOB**  
STREET ADDRESS **115 RAYMOND OAKS COURT**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **SCHILLINGER, STEVE**  
STREET ADDRESS **108 RAYMOND OAKS CT.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Dobron, Rocky**  
STREET ADDRESS **116 Raymond Oaks Court**  
CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **TD** ☐ Delete  
NAME **LYLES, TONY**  
STREET ADDRESS **151 RAYMOND OAKS COURT**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete  
NAME **SINGLETERY, JEFF**  
STREET ADDRESS **119 RAYMOND OAKS CT.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GOLDSTEIN, SAM**  
STREET ADDRESS **111 RAYMOND OAKS CT.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

*Jeff Singletary, President*

Date

Daytime Phone #

*1/28/05*