


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90037 021 \*\*\*\*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**

40052056



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02142007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRELL, BOB	
STREET ADDRESS	115 RAYMOND OAKS COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOBRON, ROCKY	
STREET ADDRESS	116 RAYMOND OAKS COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LYLES, TONY	
STREET ADDRESS	151 RAYMOND OAKS COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SINGLETARY, JEFF	
STREET ADDRESS	119 RAYMOND OAKS CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, SAM	
STREET ADDRESS	111 RAYMOND OAKS CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUeller, JOAN</b>	
STREET ADDRESS	<b>112 Raymond Oaks Ct.</b>	
CITY-ST-ZIP	<b>Altamonte Springs, FL 32701</b>	

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:** \_\_\_\_\_ **President 3/31/07 407-383-1933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #