

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 764266

1. Entity Name
QUIET OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**64 MISTY MEADOW LN
MULBERRY, FL 33860**

Mailing Address
**P.O. BOX 5301
LAKELAND, FL 33807**



04202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIGHTSEY, BARRY B
64 MISTY MEADOW LN
MULBERRY, FL 33860**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | P |
| NAME | CROSS, ASONJA |
| STREET ADDRESS | 725 N. LORRI AVE |
| CITY-ST-ZIP | LAKELAND, FL 33815 |
| TITLE | V |
| NAME | LIGHTSEY, BARRY |
| STREET ADDRESS | 64 MISTY MEADOW LN |
| CITY-ST-ZIP | MULBERRY, FL 33860 |
| TITLE | ST |
| NAME | LIGHTSEY, ALFREDIA |
| STREET ADDRESS | 64 MISTY MEADOW LN |
| CITY-ST-ZIP | MULBERRY, FL 33860 |
| TITLE | D |
| NAME | LIGHTSEY, COREY |
| STREET ADDRESS | 3520 CLEVELAND HEIGHT BLVD #108 |
| CITY-ST-ZIP | LAKELAND, FL 33803 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000933476
05/22/08-80096-010 61.25

U00000933476
05/22/08-80096-011 8.75

**DO NOT WRITE
IN THIS SPACE**

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:

Barry B. Lightsey
BARRY B. LIGHTSEY

Date

Daytime Phone #

4-20-08