

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# N96000005789

Entity Name: RAYMOND OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY DRIVE
SUITE 119
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

901 N. LAKE DESTINY DRIVE
SUITE 119
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3185258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRELL, TINA
Address: 115 RAYMOND OAKS COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: DOBRON, ROCKY
Address: 116 RAYMOND OAKS COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: MUELLER, JOAN
Address: 112 RAYMMOND OAKS CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: SINGLETARY, JEFF
Address: 119 RAYMOND OAKS CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Delete
Name: GOLDSTEIN, SAM
Address: 111 RAYMOND OAKS CT.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CIESLAK, DAN
Address: 159 RAYMOND OAKS CLUB
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED MERCED

Electronic Signature of Signing Officer or Director

COMP

02/11/2009

Date