

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726559

**FILED**  
**Apr 10, 2015**  
**Secretary of State**  
**CC6214202537**

**Entity Name:** SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

622 MOCKINGBIRD LANE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P.O. BOX 160232  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 59-3454361

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WARREN, KAUL L.  
622 MOCKINGBIRD LANE  
ALTAMONTE SPRINGS, FL 32714 US

*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:** WARREN L. KAUL

04/10/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name BLACKWELL, RUTH  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title P  
Name KAUL, WARREN L.  
Address 622 MOCKINGBIRD LANE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP  
Name BLACKWELL, DAVID  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title S  
Name WRIGHT, GAIL  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title TRUS  
Name OWEN, AVERY  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TRUSTEE  
Name LUPO, JOHN  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TRUSTEE  
Name LUPO, JUDY  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title TRUSTEE  
Name KAUL, KAREN  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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*I hereby 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 all other like empowered.*

**SIGNATURE:** WARREN KAUL

**PRESIDENT**

04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name LA MONT-BRATHWAITE, MAVIS  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716