

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726559

FILED
Jan 18, 2020
Secretary of State
7831508074CC

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 32716-0232 US

FEI Number: 59-3454361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAUL, WARREN 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 01/18/2020
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title	T	Title	VP
Name	BLACKWELL, RUTH	Name	MATTHIAS, TERRI
Address	P.O. BOX 160232	Address	P.O. BOX 160232
City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232	City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232
Title	S	Title	TRUSTEE
Name	KAUL, KAREN	Name	LINK, LORI
Address	P.O. BOX 160232	Address	P.O. BOX 160232
City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232	City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232
Title	PRESIDENT	Title	TRUSTEE
Name	KAUL, WARREN	Name	MORTON, DONNA
Address	P.O. BOX 160232	Address	P.O. BOX 160232
City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232	City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232
Title	TRUSTEE	Title	TRUSTEE
Name	DEVIA, LYDIA	Name	JACKSON, STEPHANIE
Address	P.O. BOX 160232	Address	P.O. BOX 160232
City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232	City-State-Zip:	ALTAMONTE SPRINGS FL 32716-0232

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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: RUTH BLACKWELL TREASURER 01/18/2020
Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

Title TRUSTEE

Name PAPP, ROY

Address P.O. BOX 160232

City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232