

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 04, 2018
Secretary of State
CC2209489098

Entity Name: SPRING OAKS HOMEOWNERS ASSOCIATION,
INCORPORATED

Current Principal Place of Business:

759 LITTLE WEKIVA CIRCLE
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:

DENMARK, JOHN
759 LITTLE WEKIVA CIRCLE
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: JOHN DENMARK

04/04/2018

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

Title PRESIDENT
Name DENMARK, JOHN
Address 759 LITTLE WEKIVA CIRCLE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

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

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: JOHN DENMARK

PRESIDENT

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date