

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726559

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**4109852385CC**

**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

02/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           RIVERO, WILMARY  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

Title           VP  
Name           MATTHIAS, TERRI  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

Title           S  
Name           KAUL, KAREN  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

Title           TRUSTEE  
Name           LINK, LORI  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

Title           PRESIDENT  
Name           KAUL, WARREN  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

Title           TRUSTEE  
Name           DEVIA, LYDIA  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

Title           TRUSTEE  
Name           JACKSON, STEPHANIE  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

Title           TRUSTEE  
Name           PAPP, ROY  
Address        P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPRINGS FL 32716-0232

**Continues on page 2**

*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

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name RIVERA, MIGUEL  
Address P.O. BOX 160232  
City-State-Zip: ALTAMONTE SPINGS FL 32716

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