

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767943

Entity Name: HOMEOWNER'S ASSOCIATION OF SPANISH OAKS, INC.**Current Principal Place of Business:**3150 NE 36TH AVE BOX 572
OCALA, FL 34479**Current Mailing Address:**3150 NE 36TH AVE BOX 572
OCALA, FL 34479 US**FEI Number:** 59-2391601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, JENNIFER
3150 NE 36TH AVE. LOT 121
OCALA, FL 34479 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:** JENNIFER JONES

04/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------|
| Title | PRESIDENT |
| Name | HIGGS, LINDA |
| Address | 3150 NE 36TH AVE., LOT 320 |
| City-State-Zip: | OCALA FL 34479 |

| | |
|-----------------|---------------------------|
| Title | SECRETARY |
| Name | JONES, JENNIFER |
| Address | 3150 NE 36TH AVE. LOT 121 |
| City-State-Zip: | OCALA FL 34479 |

| | |
|-----------------|---------------------------|
| Title | TREASURER |
| Name | BENJAMIN, CARL |
| Address | 3150 NE 36TH AVE. LOT 267 |
| City-State-Zip: | OCALA FL 34479 |

| | |
|-----------------|----------------------------|
| Title | DIRECTOR |
| Name | MYERS, LEA |
| Address | 3150 NE 36TH AVE., LOT 123 |
| City-State-Zip: | OCALA FL 34479 |

| | |
|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | BRUCE, REBECCA |
| Address | 3150 NE 36TH AVE. LOT 310 |
| City-State-Zip: | OCALA FL 34479 |

| | |
|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | BENJAMIN, DIANA |
| Address | 3150 NE 36TH AVE. LOT 267 |
| City-State-Zip: | OCALA FL 34479 |

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: JENNIFER JONES**SECRETARY/REGISTERE 04/16/2022**
D AGENT

Electronic Signature of Signing Officer/Director Detail

Date