

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767943

**Entity Name:** HOMEOWNER'S ASSOCIATION OF SPANISH OAKS, INC.

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC4569313404**

**Current Principal Place of Business:**

3150 NE 36TH AVE BOX 572  
#3150 NE 36TH AVE  
OCALA, FL 34479

**Current Mailing Address:**

3150 NE 36TH AVE BOX 572  
#3150 NE 36TH AVE  
OCALA, FL 34479

**FEI Number: 59-2391601**

**Certificate of Status Desired: No**

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

KING, MARGIE  
3150 N.E. 36TH AVE. LOT 247  
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: MARGIE KING**

**04/03/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FEAR, LEWIS  
Address 3150 NE 36TH AVE, #491  
City-State-Zip: Ocala FL 34479

Title VP  
Name BAIRD, GARY  
Address 3150 NE 36 AVE # 136  
City-State-Zip: Ocala FL 34479

Title S  
Name JONES, JENNIFER  
Address 3150 NE 36 AVE # 205  
City-State-Zip: Ocala FL 34479

Title T  
Name HICKEY, REGINA  
Address 3150 NE 36 AVE # 281  
City-State-Zip: Ocala FL 34479

Title D1  
Name ROY, CLAUDETTE  
Address 3150 NE 36 AVE # 380  
City-State-Zip: Ocala FL 34479

Title D2  
Name MOHR, SANDRA  
Address 3150 NE 356 AVE # 248  
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: REGINA HICKEY**

**TREASURY**

**04/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date