**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003672

**FILED**
**Mar 05, 2017**
**Secretary of State**
**CC2122641142**

**Entity Name:** SOUTHERN OAKS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2600 LAKE LUCIEN DRIVE
SUITE 350
MAITLAND, FL 32779

**Current Mailing Address:**

2600 LAKE LUCIEN DRIVE
SUITE 350
MAITLAND, FL 32779 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT, DIRECTOR | Title | VP, DIRECTOR |
| Name | KAERCHER, SHELLEY S. | Name | LUMM, DAVID |
| Address | 2600 LAKE LUCIEN DRIVE, SUITE 350 | Address | 2600 LAKE LUCIEN DRIVE, SUITE 350 |
| City-State-Zip: | MAITLAND FL 32779 | City-State-Zip: | MAITLAND FL 32779 |

| | |
|---|---|
| Title | TREASURER, SECRETARY, DIRECTOR |
| Name | MAXON, ESPERANZA |
| Address | 2600 LAKE LUCIEN DRIVE, SUITE 350 |
| City-State-Zip: | MAITLAND FL 32779 |

*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: SHELLEY S. KAERCHER PRESIDENT 03/05/2017

Electronic Signature of Signing Officer/Director Detail

Date