

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90039 011 \*\*\*\*61.25

**DOCUMENT # 726707**

1. Entity Name  
**SHARON OAKS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2452 SHERWOOD LN  
CLEARWATER, FL 33764**

Mailing Address  
**2452 SHERWOOD LN  
CLEARWATER, FL 33764**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHICK, DIANE  
2452 SHERWOOD LN  
CLEARWATER, FL 33764**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LAFLIN, PAT  
STREET ADDRESS 2451 SHERWOOD LN  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VD ☐ Delete  
NAME GILI, BRAD  
STREET ADDRESS 1634 SHARON WAY  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE S ☒ Delete  
NAME TOOHILL, MARTE  
STREET ADDRESS 1645 SHARON WAY  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE T ☐ Delete  
NAME SCHICK, DIANE  
STREET ADDRESS 2452 SHERWOOD LN  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE 2VP ☐ Delete  
NAME KNOOP, RICH  
STREET ADDRESS 2431 ROBERTA LN  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Lynne Rahtes  
CITY-ST-ZIP 1674 sheffield Dr. Clearwater, FL 33764

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Diane Schick Diane Schick 3/11/07 727-536-7221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #