


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State


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
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHICK, DIANE
 2452 SHERWOOD LN
 CLEARWATER, FL 33764

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000974063
 04/10/08-80104-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFLIN, PAT 2451 SHERWOOD LN CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GILI, BRAD 1634 SHARON WAY CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHICK, DIANE 2452 SHERWOOD LN CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP KNOOP, RICH 2431 ROBERTA LN CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAHTES, LYNNE 1674 SHEFFIELD DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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* **3/26/08** **727-536-7221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #