

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726707

FILED
Apr 06, 2009
Secretary of State

Entity Name: SHARON OAKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2452 SHERWOOD LN
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

2452 SHERWOOD LN
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHICK, DIANE
2452 SHERWOOD LN
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAFLIN, PAT
Address: 2451 SHERWOOD LN
City-St-Zip: CLEARWATER, FL 33764

Title: VD () Delete
Name: GILI, BRAD
Address: 1634 SHARON WAY
City-St-Zip: CLEARWATER, FL 33764

Title: T () Delete
Name: SCHICK, DIANE
Address: 2452 SHERWOOD LN
City-St-Zip: CLEARWATER, FL 33764

Title: 2VP () Delete
Name: KNOOP, RICH
Address: 2431 ROBERTA LN
City-St-Zip: CLEARWATER, FL 33764

Title: S () Delete
Name: RAHTES, LYNNE
Address: 1674 SHEFFIELD DR
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: DIIENNO, DON
Address: 1624 SHARON WAY
City-St-Zip: CLEARWATER, FL 33764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANE SCHICK

T

04/06/2009

Electronic Signature of Signing Officer or Director

Date