

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 043 ****70.00

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DOCUMENT # 729113 1. Entity Name DELAND OAKS ASSOCIATION, INC.					
Principal Place of Business 100 EAST KENTUCKY AVENUE DELAND, FL 32724			Mailing Address 100 EAST KENTUCKY AVENUE DELAND, FL 32724		
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	4. FEI Number 59-1724494	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, ROBERT L 850 CONCOURSE PKWY S MAITLAND, FL 32751			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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME STANLEY, RUTH STREET ADDRESS 100 E KENTUCKY AVE CITY-ST-ZIP DELAND, FL 32724	☒ Delete		TITLE P NAME KAREN SUE Fogleman STREET ADDRESS 100 E KENTUCKY AVE CITY-ST-ZIP DELAND, FL 32724	☒ Change ☐ Addition	
TITLE VP NAME CHERNYSH, SYETTA STREET ADDRESS 911 MESQUITE TR CITY-ST-ZIP DELAND, FL 32724	☒ Delete		TITLE VP NAME Derrick Orberg STREET ADDRESS 100 E KENTUCKY AVE CITY-ST-ZIP DELAND, FL 32724	☒ Change ☐ Addition	
TITLE S NAME FOGLEMAN, KAREN SUE STREET ADDRESS 100 EAST KENNEDY AVE CITY-ST-ZIP DELAND, FL 32724	☒ Delete		TITLE S NAME MARK BROEKER STREET ADDRESS 100 E KENTUCKY AVE CITY-ST-ZIP DELAND, FL 32724	☒ Change ☐ Addition	
TITLE T NAME MIDDLETON, BARBARA STREET ADDRESS 100 EAST KENNEDY AVE CITY-ST-ZIP DELAND, FL 32724	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME CRILE, WESLEY STREET ADDRESS 100 EAST KENNEDY AVE CITY-ST-ZIP DELAND, FL 32724	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Karen S. Fogleman (Karen S. Fogleman)</u> <u>3-14-07 (386) 738-0409</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					