2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 747240

Entity Name: SPANISH OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

960 SPANISH OAKS BLVD.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1022
PALM HARBOR, FL 34682

New Mailing Address:

FEI Number: 59-2088271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, SONDRA
960 SPANISH OAKS BLVD.
PALM HARBOR, FL 34683 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: ALLEN, SONDRA
Address: 960 SPANISH OAKS BLVD.
City-St-Zip: PALM HARBOR, FL 34683

Title: TD ( ) Delete
Name: ALLEN, SONDRA
Address: 960 SPANISH OAKS BLVD.
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete
Name: VALENTINE, LORI
Address: 1917 HILL DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VD ( ) Delete
Name: HUNGERFORD, BARBARA
Address: 2029 WINDING OAKS DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: REAMS, SHIRLEY
Address: 1967 SPANISH OAKS DRIVE S.
City-St-Zip: PALM HARBOR, FL 34683

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: SONDRA ALLEN TD 04/16/2009

Electronic Signature of Signing Officer or Director — Date