2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767943

FILED Feb 17, 2008 Secretary of State

Entity Name: HOMEOWNER'S ASSOCIATION OF SPANISH OAKS, INC.

Current Principal Place of Business: New Principal Place of Business:

3150 NE 36TH AVE BOX 572 #3150 NE 36TH AVE OCALA, FL 34479

Current Mailing Address: New Mailing Address:

3150 NE 36TH AVE BOX 572 #3150 NE 36TH AVE OCALA, FL 34479

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAUTNER, HOWARD 3150 N.E. 36TH AVE. LOT 166 OCALA, FL 34479

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CUTTY, MARSHA MAUTNER, HOWARD Name: Name: 3150 NE 36TH AVE, #223 Address: 3150 NE 36TH AVE, # 166 Address:

City-St-Zip: OCALA, FL 34479 City-St-Zip: OCALA, FL 34479

Title: () Delete Title: () Change () Addition BEYER, DONALD Name: Name:

Address: 3150 NE 36 AVE # 216 Address: City-St-Zip: OCALA, FL 34479 City-St-Zip:

Title: () Delete Title: () Change () Addition

MERRICK, ANNE Name: Name: 3150 NE 36 AVE # 413 Address: Address: City-St-Zip: OCALA, FL 34479 City-St-Zip:

() Delete Title: Title: (X) Change () Addition KIRLIN, FAY Name: Name: FLETCHER, THOMAS F SR 3150 NE 36 AVE. #525 3150 NE 36 AVE. # 382 Address: Address:

City-St-Zip: OCALA, FL 34479 City-St-Zip: OCALA, FL 34479

Title: () Delete Title: (X) Change () Addition WENTWAY, CHARLES DAVES, LARRY Name: Name:

3150 NE 36 AVE # 427 3150 NE 36 AVE # 101 Address: Address: City-St-Zip: OCALA, FL 34479 City-St-Zip: OCALA, FL 34479

Title: () Delete Title: (X) Change () Addition

CRIDER, TERRY RUSTON, NANCY Name: Name: Address: 3150 NE 36 AVE # 573 Address: 3150 NE 36 AVE # 288 OCALA, FL 34479 OCALA, FL 34479 City-St-Zip: 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: ANNE MERRICK Т 02/17/2008