

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90052 030 ****61.25

DOCUMENT # N01000004597					
1. Entity Name SPANISH OAKS HOMEOWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.					
Principal Place of Business 105 SPANISH OAKS LANE ST. AUGUSTINE, FL 32080			Mailing Address 1093 A1A BEACH BLVD PMB 557 ST. AUGUSTINE, FL 32080		
2. Principal Place of Business - No P.O. Box # 120 Spanish Oaks Ln.		3. Mailing Address Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State		4. FEI Number 65-1123826	
Zip 32080		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERS, WANDA S 105 SPANISH OAKS LANE ST. AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name: Dena Tuten Street Address (P.O. Box Number is Not Acceptable): 120 Spanish Oaks Lane City: St. Augustine FL Zip Code: 32080		
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: <u>Dena Tuten</u> DATE: <u>3/19/08</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME DELICH, GEORGE STREET ADDRESS 113 SPANISH OAKS LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete		TITLE VP/T NAME Carole Wilson STREET ADDRESS 117 Spanish Oaks Ln. CITY-ST-ZIP St. Augustine, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP/T NAME CHAMBERS, WANDA STREET ADDRESS 105 SPANISH OAKS LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		TITLE SD NAME TUTEN, DENA STREET ADDRESS 120 SPANISH OAKS LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BILLINGS, SHEILA STREET ADDRESS 121 SPANISH OAKS LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		TITLE D NAME DELICH, LOUISE STREET ADDRESS 113 SPANISH OAKS LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	
TITLE D NAME DELICH, LOUISE STREET ADDRESS 113 SPANISH OAKS LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete		TITLE D NAME DELICH, LOUISE STREET ADDRESS 113 SPANISH OAKS LANE CITY-ST-ZIP ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	
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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: <u>Dena Tuten</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/19/08</u> Daytime Phone #: <u>904-461-9696</u>		