

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 031 ****61.25

DOCUMENT # N02000000123					
1. Entity Name ANCIENT OAKS HOMEOWNERS' ASSOCIATION OF MANATEE COUNTY, INC.					
Principal Place of Business 4301 32RD ST W STE A-20 BRADENTON, FL 34205			Mailing Address 4301 32RD ST W STE A-20 BRADENTON, FL 34205		
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 03-0421301	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MALAMUD, NEIL C+S CONDOMINIUM MGMT SVC INC 4301 32 ST W STE A-20 BRADENTON, FL 34205			Name <u>Jennifer Everingham, CAM, CMCA, AMS</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O C+S Condominium Mgmt.</u> <u>4301-32nd St. W., Ste A-20</u> City <u>Bradenton</u> <u>FL</u> <u>34205</u>		
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>Jennifer Everingham</u> <small>(Signature, typed or printed name of registered agent and title if applicable)</small>			DATE <u>2.21.08</u>		
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 NAME STREET ADDRESS CITY-ST-ZIP	D VERGA, JOHN 8707 59TH ST E PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTMAN, JOHN 5376 90TH AVE E PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Nancy Curhs</u> <u>9209-54th Ct. E.</u> <u>Parrish, FL 34219</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, ANGELA 9215 54TH CT E PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Robert Smullen</u> <u>9203-54th Ct. E.</u> <u>Parrish, FL 34219</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, JOSE 8814 S CT E PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Robert Motanowski</u> <u>5811-90th Ave. Cir. E.</u> <u>Parrish, FL 34219</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLSEN, BOB 9320 54TH CT E PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Robert Olson</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROH, WALTER 9222 54 CT E PARRISH, FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Walter Froh</u>	
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>Robert Olson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>2.26.08</u> DAYTIME PHONE # <u>941-723-8749</u>		