

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000123

FILED
Mar 18, 2011
Secretary of State

Entity Name: ANCIENT OAKS HOMEOWNERS' ASSOCIATION OF MANATEE COUNTY, INC.

Current Principal Place of Business:

4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 03-0421301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATINUM COMMUNITY SERVICES, LLC
4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

PLATINUM COMMUNITY MANAGEMENT, INC.
4900 MANATEE AVENUE WEST
SUITE 104
BRADENTON, FL 34209 US

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: MICHELLE THIBEAULT, LCAM

03/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: BARKER, DANIEL
Address: 5708 - 90TH AVENUE CIRCLE EAST
City-St-Zip: PARRISH, FL 34219

Title: VP
Name: VERGA, JOHN
Address: 8707 59TH STREET EAST
City-St-Zip: PARRISH, FL 34219

Title: T
Name: BEAN, LARRY
Address: 5364 90TH AVE. CR. E.
City-St-Zip: PARRISH, FL 34219

Title: P
Name: WOTANOWSKI, ROBERT
Address: 5811 - 90TH AVE. CIR. E.
City-St-Zip: PARRISH, FL 34219

Title: D
Name: OLSON, ROBERT
Address: 9320 - 54TH COURT EAST
City-St-Zip: PARRISH, FL 34219

Title: D
Name: MOORE, PETER
Address: 5380 90TH AVE. CR. E.
City-St-Zip: PARRISH, FL 34219

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE THIBEAULT

LCAM

03/18/2011

Electronic Signature of Signing Officer or Director

Date