


364 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90028 027 ****61.25

DOCUMENT # N02000005838	
1. Entity Name	
THE OAKS AT VALRICO HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
2870 SCHERER DR N SUITE 100 SAINT PETERSBURG FL 33716	2870 SCHERER DR N SUITE 100 SAINT PETERSBURG FL 33716

2. Principal Place of Business - No P.O. Box # STERLING MGMT	3. Mailing Address 2870 SCHERER DR. N
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State ST. PETERSBURG FL	City & State ST. PETERSBURG
Zip 33716	Country FL



1st MOORE CR2E037 (10/06)

4. FEI Number 20-0471239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
COTTERILL, RONALD E ESQ 1010 N FLORIDA TAMPA FL 33602	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DEBOWSKY, JACK 2020 SAMANTHA LN VALRICO FL 33594	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MINUTE, TONY 1603 ACORN SEED CT VALRICO FL 33594	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BRADLEY, DEBBIE 1934 SAMANTHA LN VALRICO FL 33594	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BROWN, RICHARD 1807 PRAIRE GRASS LN VALRICO FL 33594	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARROLL, PATTI 2-21 HEARTLAND CIR VALRICO FL 33594	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/26/07 813.685.3747**