

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

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000006838**

1. Entity Name  
**WHITE OAK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**11475 NW 74 TERRACE  
ALACHUA, FL 32615 US**

Mailing Address  
**766 TURKEY CREEK  
ALACHUA, FL 32615 US**



04082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0818600**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ESPADA GROUP USA, INC.  
11475 NW 74 TERRACE  
ALACHUA, FL 32615**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000901197  
04/29/08-80059-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES ULBING, SAM 7359 WHITE OAK RD. ALACHUA, FL 32615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILLIAMS, ED 7608 WHITE OAK RD. ALACHUA, FL 32615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PIREU, JEFF 7373 WHITE OAK RD. ALACHUA, FL 32615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KARAS, BRANDON 7401 WHITE OAK RD. ALACHUA, FL 32615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #