

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03362

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: SOUTHFORK OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2300 SW 43 ST.  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**  
2300 SW 43 ST.  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 59-2581619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D. JEFFREY SAUSAMAN  
C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBERTS, RICK  
Address: 2300 SW 43 ST G2  
City-St-Zip: GAINESVILLE, FL 32607

Title: PD ( ) Delete  
Name: LONDRIE, ANGEL  
Address: 2300 SW 43ST I4  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: WEINBERGER, JOANNA  
Address: 1236 HOLMSDALE RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS ( ) Delete  
Name: HUYNH, MY CHI  
Address: 2300 SW 43RD ST B3  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: WOAN, CHRIS  
Address: 2300 SW 43RD STR L2  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MICKE, DONALD  
Address: 2300 SW 43RD STR Q1  
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGEL LONDRIE

Electronic Signature of Signing Officer or Director

P

03/25/2008

Date