

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006428

FILED
Mar 15, 2008
Secretary of State

Entity Name: SMYRNA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

535 WAYNE AVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

539 WAYNE AVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

535 WAYNE AVE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

539 WAYNE AVE
NEW SMYRNA BEACH, FL 32168

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA FONTAINE, LINDA G
535 WAYNE AVE.
NEW SMYRNA BCH, FL 32168 US

Name and Address of New Registered Agent:

ZAMPA, RALPH JR.
539 WAYNE AVE.
NEW SMYRNA BCH, FL 32168 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: SHARON SMITH

03/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ZAMPA, RALPH JR.
Address: 539 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS () Delete
Name: TREMATO, RUTH
Address: 716 GREEN ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVP () Delete
Name: SMITH, SHARON
Address: 515 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DP () Delete
Name: LA FONTAINE, LINDA
Address: 535 WAYNE AVE,
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: SMITH, SHARON
Address: 515 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVP (X) Change () Addition
Name: BLAKE, PHILLIP
Address: 259 MINORCA WAY #703
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: SHARON SMITH

DP

03/15/2008

Electronic Signature of Signing Officer or Director

Date