2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N04000012003

Entity Name: SCATTERED OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19013 N.W. 68TH PLACE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1539
ALACHUA, FL 326161539

New Mailing Address:

FEI Number: 34-2034207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, STEPHEN R
6718 NW 191 TERRACE
ALACHUA, FL 32615 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: T ( ) Delete
Name: CARTER, STEPHEN
Address: 6718 NW 191 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: 1VP ( ) Delete
Name: BROWN, JUDY
Address: 6422 NW 191 TERR
City-St-Zip: ALACHUA, FL 32615

Title: S ( ) Delete
Name: HUGHES, GLORIA
Address: 19106 NW 68 PLACE
City-St-Zip: ALACHUA, FL 32615

Title: P (X) Delete
Name: FORGUSON, STEPHEN
Address: 6610 NW 191 TERR
City-St-Zip: ALACHUA, FL 32615

Title: 2VP (X) Delete
Name: FORGUSON, BEVIN
Address: 6610 NW 191 TERR
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HUGHES, GLORIA
Address: 19106 NW 68 PLACE
City-St-Zip: ALACHUA, FL 32615

Title: S (X) Change ( ) Addition
Name: KLAFEHN, MARCIA
Address: 6718 NW 191 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: T (X) Change ( ) Addition
Name: YANCEY, PATRICIA
Address: 6525 NW 187 TERRACE
City-St-Zip: ALACHUA, FL 32615

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

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

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: MARCIA KLAFEHN S 02/26/2009

Electronic Signature of Signing Officer or Director — Date