

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90055 036 ****61.25

DOCUMENT # N05000001707			
1. Entity Name STRAWBERRY VILLAGE HOMEOWNERS' ASSOCIATION, INC.		Principal Place of Business PO BOX 1096 BRANDON, FL 33509	
Mailing Address PO BOX 1096 BRANDON, FL 33509		2. Principal Place of Business - No P.O. Box # PO Box 5702 Suite, Apt. #, etc.	
3. Mailing Address PO Box 5702 Suite, Apt. #, etc.		4. FEI Number 33-1113531	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, KEITH C ESQ 121 NORTH COLLINS STREET PLANT CITY, FL 33564		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 _____ (NOTE: Registered Agent signature required when reissuing)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V NAME HERNANDEZ, ANTONIA STREET ADDRESS 1202 CAMAROSA LN. CITY-ST-ZIP PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Delete	TITLE Pres NAME Thomas Kato STREET ADDRESS 1209 Camarosa Lane CITY-ST-ZIP Plant City FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME JANKOWSKI, CAROL STREET ADDRESS 2806 SPRING MEADOW DR. CITY-ST-ZIP PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE Sec NAME Kendala Golub STREET ADDRESS 1212 Camarosa Lane CITY-ST-ZIP Plant City FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE Treas NAME Ryan Golub STREET ADDRESS 1212 Camarosa Lane CITY-ST-ZIP Plant City FL 33563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Thomas Kato</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>March 20, 2008</u> (813) Daytime Phone # <u>7524318</u>	