

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009448

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: SIERRA OAKS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

4501 BEVERLY AVE  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

2455 CAMPHORWOOD CT.  
ORANGE PARK, FL 32065

## Current Mailing Address:

C/O COMPLETE ASSOCIATION MGMT.  
PO BOX 65908  
ORANGE PARK, FL 32065

## New Mailing Address:

FEI Number: 20-3946704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KNEEL, KURT A  
2455 CAMPHORWOOD CT  
ORANGE PARK, FL 32065      US

## Name and Address of New Registered Agent:

ENSELL, KURT A  
2455 CAMPHORWOOD CT  
ORANGE PARK, FL 32065      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: KURT A. ENSELL

01/18/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FINN, KEVIN J  
Address: 6833 PHILLIPS INDUSTRIAL BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP ( ) Delete  
Name: SORRELLE, BETSY  
Address: 6833 PHILLIPS INDUSTRIAL BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT ( ) Delete  
Name: SPIEGEL, JOHN  
Address: 505 PLAZA CIR SUITE 206  
City-St-Zip: ORANGE PARK, FL 32073

Title: DS ( ) Delete  
Name: NORRIS, REGINA  
Address: 505 PLAZA CIR SUITE 206  
City-St-Zip: ORANGE PARK, FL 32073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change ( ) Addition  
Name: SPIEGEL, JOHN  
Address: 330 CROSSING BLVD. SUITE 200  
City-St-Zip: ORANGE PARK, FL 32073

Title: DS (X) Change ( ) Addition  
Name: LIMA, CINDY  
Address: 330 CROSSING BLVD. SUITE 200  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY LIMA

DS

01/18/2007

Electronic Signature of Signing Officer or Director

Date