


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90348 033 ****70.00

DOCUMENT # N05000009448 1. Entity Name SIERRA OAKS HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 125A INDUSTRIAL LOOP W ORANGE PARK, FL 32073			Mailing Address C/O COMPLETE ASSOCIATION MGMT. PO BOX 65908 ORANGE PARK, FL 32065			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		04172008 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number 20-3946704		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ENSELL, KURT A 125A INDUSTRIAL LOOP W ORANGE PARK, FL 32073				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATLEE, KEN			NAME		
STREET ADDRESS	125A INDUSTRIAL LOOP W			STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADFORD, ERIC			NAME		
STREET ADDRESS	125A INDUSTRIAL LOOP W			STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINN, KEVIN			NAME		
STREET ADDRESS	125A INDUSTRIAL LOOP W			STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIMA, CYNTHIA			NAME		
STREET ADDRESS	125A INDUSTRIAL LOOP W			STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: <i>Kurt A. Ensell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-23-8 208-1474 <small>Date Daytime Phone #</small>		