## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # NOCOOOO222



FILED Apr 14, 2008 8:00 am Secretary of State

1. Entity Name SOUTHERN OAKS OF SEBRING HOMEOWNERS ASSOCIATION, INC.						04-	14-2008 90	0021 03	4 ****61.2	25	
150 NORTH COMMERCE AVENUE P.		Mailing Address P.O. BOX 73 SEBRING, FL 33871	,	<i>i</i> .	. •						
Principal Place of Business - No P.O. Box #											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04082008 Ch	g-NP	CR2E0	37 (12/06)		
City & State			City & State			4. FEI Number 20-8298496	3	· ·	<u> </u>	plied For	
Zip	Zip Country		Zip	Country		5. Certificate of Sta	tus Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
DORRELL, DANIEL F					Name Street Address (P.O. Box Number is Not Acceptable)						
150 NORTH COMMERCE AVENUE SEBRING, FL 33870					ooiess (r	O. BOX HUITDER IS N	o Acceptable				
				City				FL	Zip Code	9	
	named entity submit ions of registered ag		purpose of changing its	registered office o	r register	ed agent, or both, in t	he State of Flo	rida. I am	familiar with,	and accept	
SIGNATURE .						n ii	<u>-</u>				
	Signature, typed or printed r	name of registered agent and ti	te il applicable. (NOTE	: Registered Agent signal	ure required	when reinstating)		DATE			
Filing Fee is \$61.25 9. Elect				npaign Financing		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State					
-4	Due by May 1,		Trust Fund C								
10.	• • •		Trust Fund C				Flor	lda Depa	rtment of St	tate	
	PD C	2008 OFFICERS AND DIREC	Trust Fund C	Contribution.		Added to Fees	Flor	lda Depa	rtment of St	tate	
10. TITLE NAME	PD CULLENS, CHAR	2008 OFFICERS AND DIREC	Trust Fund C	11. TITLE NAME		Added to Fees	Flor	lda Depa	rtment of St	10	
10.  IITLE  NAME  STREET ADDRESS	PD CULLENS, CHAR 9235 CR 635	2008 DIFFICERS AND DIRECT	Trust Fund C	11. TITLE NAME STREET ADDRESS		Added to Fees	Flor	lda Depa	rtment of St	10	
10.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLENS, CHAR 9235 CR 635 SEBRING, FL 33	2008 DIFFICERS AND DIRECT	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP	^	Added to Fees	Flor	lda Depa	rtment of St	tate 10 Addition	
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE:

Date

Daytime Phone #