

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010202

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** SOUTH OAK OF MANATEE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2502 N ROCKY POINT DR SUITE 1050  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

9887 FOURTH STREET NORTH #301  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 06-1826417      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THOMPSON, AMY S ESQ  
2033 MAIN STREET SUITE 600  
SARASOTA, FL 34237 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RYAN, JOHN M  
Address: 2502 N ROCKY POINT DR SUITE 1050  
City-St-Zip: TAMPA, FL 33607

Title: TD ( ) Delete  
Name: LAWSON, MICHAEL  
Address: 2502 N ROCKY POINT DR SUITE 1050  
City-St-Zip: TAMPA, FL 33607

Title: SD ( ) Delete  
Name: SINGLETON, GREG  
Address: 2502 N ROCKY POINT DR SUITE 1050  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JIM BIGGS

MGR

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date