


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2008 90029 036 ****61.25

| | | | |
|--|---|---|---------|
| DOCUMENT # N06345 1. Entity Name BEARDED OAKS HOMEOWNER'S ASSOCIATION, INC. | |  | |
| Principal Place of Business 516 BEARDED OAKS CIRCLE SARASOTA, FL 34232 US | | Mailing Address P. O. BOX 51492 SARASOTA, FL 34232-0332 US | |
| 2. Principal Place of Business - No P.O. Box # 421 BEARDED OAKS Circle | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State SARASOTA, FL | | City & State | |
| Zip 34232 | Country US | Zip | Country |
| 4. FEI Number 59-2484337 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NORRIS, SYLVIA G ESQ 1670 STICKNEY POINT RD SARASOTA, FL 34231 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when rechartering)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. | |
| \$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 SD | NAME KARR, ANNE | <input type="checkbox"/> Delete | |
| STREET ADDRESS 530 BEARDED OAKS CIRCLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | TITLE DT | | |
| NAME HECHT, RHONA | STREET ADDRESS 421 BEARDED OAKS CIRCLE | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | CITY-ST-ZIP SARASOTA, FL 34232 | | |
| TITLE D | NAME STORE, COLEEN | <input checked="" type="checkbox"/> Delete | |
| STREET ADDRESS 134 CLEAN LAKE DR | TITLE D | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | NAME MCCANN, JERRY | | |
| STREET ADDRESS 331 BEARDED OAKS CIRCLE | STREET ADDRESS SARASOTA, FL 34232 | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | <input type="checkbox"/> Delete | | |
| TITLE SD | NAME DEAVER, DORIS | <input checked="" type="checkbox"/> Delete | |
| STREET ADDRESS 516 BEARDED OAKS CR. | TITLE D | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | NAME CATHERINE GAREY | | |
| STREET ADDRESS 530 BEARDED OAKS CR | STREET ADDRESS 308 BEARDED OAKS CR | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | CITY-ST-ZIP SARASOTA, FL 34232 | | |
| TITLE D | NAME KARR, DAVID | <input type="checkbox"/> Delete | |
| STREET ADDRESS 530 BEARDED OAKS CR | TITLE D | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | NAME LYLE HAUGE | | |
| STREET ADDRESS 337 BEARDED OAKS CR | | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | | | |
| TITLE DIV | | | |
| NAME MCCANN, TERRY | | | |
| STREET ADDRESS SARASOTA, FL 34232 | | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | | | |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE D | | | |
| NAME CATHERINE GAREY | | | |
| STREET ADDRESS 308 BEARDED OAKS CR | | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | | | |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE DP | | | |
| NAME CATHERINE GAREY | | | |
| STREET ADDRESS 308 BEARDED OAKS CR | | | |
| CITY-ST-ZIP SARASOTA, FL 34232 | | | |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: Rhona Hecht | | RHONA HECHT | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 3/26/08 Daytime Phone # 941-371-6936 | |