

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06345

FILED
Mar 15, 2009
Secretary of State

Entity Name: BEARDED OAKS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

421 BEARDED OAKS CIRCLE
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 51492
SARASOTA, FL 342320332 US

New Mailing Address:

FEI Number: 59-2484337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, SYLVIA G ESQ
1670 STICKNEY POINT RD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: SD () Delete
Name: KARR, ANNE
Address: 530 DEARDED OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: DT () Delete
Name: HECHT, RHONA
Address: 421 BEARDED OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: HAUGE, LYLE
Address: 337 BEARDED OAKS CR
City-St-Zip: SARASOTA, FL 34232

Title: DV () Delete
Name: MCCANN, TERRY
Address: 331 BEARDED OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: D () Delete
Name: CATHCRINE, GAREY
Address: 308 BEARDED OAKS CR
City-St-Zip: SARASOTA, FL 34232

Title: DP () Delete
Name: KARR, DAVID
Address: 530 BEARDED OAKS CR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KARR, DAVID
Address: 530 BEARDED OAKS CIRCLE
City-St-Zip: SARASOTA, FL 34232

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

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

Title: DV (X) Change () Addition
Name: MORALES, JILL
Address: 3930 BEARDED OAKS CT.
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Change () Addition
Name: SIPES, TED
Address: 403 BEARDED OAKS CR
City-St-Zip: SARASOTA, FL 34232

Title: DS (X) Change () Addition
Name: KARR, ANNE
Address: 530 BEARDED OAKS CR
City-St-Zip: SARASOTA, FL 34232

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: RHONA HECHT

_____ Electronic Signature of Signing Officer or Director

DT

03/15/2009

_____ Date