

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010873

FILED
Apr 16, 2008
Secretary of State

Entity Name: STRAWBERRY OAKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1019 TOWN CENTER DRIVE
VOLUSIA, FL 32763

New Principal Place of Business:

1019 TOWN CENTER DRIVE
ORANGE CITY, FL 32763

Current Mailing Address:

1019 TOWN CENTER DRIVE
VOLUSIA, FL 32763

New Mailing Address:

1019 TOWN CENTER DRIVE
ORANGE CITY, FL 32763

FEI Number: 26-2408888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOKER, KIM C
1019 TOWN CENTER DRIVE, SUITE 201
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

WANAMAKER, JOHN
1019 TOWN CENTER DRIVE, SUITE 201
ORANGE CITY, FL 32763 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: JOHN WANAMAKER

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: RUDIS, CHUCK
Address: 1019 TOWN CENTER DRIVE
City-St-Zip: VOLUSIA, FL 32763

Title: DP () Delete
Name: WANAMAKER, JOHN
Address: 1019 TOWN CENTER DRIVE
City-St-Zip: VOLUSIA, FL 32763

Title: DS () Delete
Name: TRAEGER, MELODY
Address: 1019 TOWN CENTER DRIVE
City-St-Zip: VOLUSIA, FL 32763

Title: D () Delete
Name: BURGESS, KAREN
Address: 1019 TOWN CENTER DRIVE
City-St-Zip: VOLUSIA, FL 32763

Title: D () Delete
Name: MANOR, BOB
Address: 1019 TOWN CENTER DRIVE
City-St-Zip: VOLUSIA, FL 32763

Title: D () Delete
Name: BOOKER, KIM C
Address: 1019 TOWN CENTER DRIVE
City-St-Zip: VOLUSIA, FL 32763

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:

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: JOHN WANAMAKER

MGR

04/16/2008

Electronic Signature of Signing Officer or Director

Date