FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15629** **(1)**

1. Corporation Name
SOUTHERN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 100363 PALM BAY FL 32910	P.O. BOX 100363 PALM BAY FL 32910 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1986
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-2768097 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 100051	26 P.O. Box 100051
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PALM BAY FL	28 PALM BAY, FL.
24 Zip 32910 / 25 Country	29 Zip 32910 / 30 Country

9. Name and Address of Current Registered Agent

DEXTER SCOTT
1221 MONUMENT AVE SE
PALM BAY FL 32909

10. Name and Address of New Registered Agent

81 Name: RAYMOND L. MERCIER
82 Street Address (P.O. Box Number is Not Acceptable): 668 SEVEN GABLES CIR. S.E.
83
84 City: PALM BAY FL 85 Zip Code: 32909

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Raymond L Mercier — April 25, 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DEXTER, SCOTT	1.2 NAME	MERCIER, RAYMOND L.	
STREET ADDRESS	1221 MONUMENT AVE, SE	1.3 STREET ADDRESS	668 SEVEN GABLES CIR. S.E.	
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	PALM BAY, FL. 32909	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HADLEY, MARTIN	2.2 NAME		
STREET ADDRESS	1479 ASHBORO CIR. SE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, PAUL	3.2 NAME		
STREET ADDRESS	1382 BUFFING CIRCLE, SOUTHEAST	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	MERCIER, DIANE	4.2 NAME		
STREET ADDRESS	668 SEVEN GABLES CIRCLE, SOUTHEAST	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	VADNAIS, RONALD	5.2 NAME		
STREET ADDRESS	302 LANACK RD S.E.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MERCIER, RAYMOND	6.2 NAME	COLBERT, DONALD L.	
STREET ADDRESS	668 SEVEN GABLES CIRCLE, SOUTHEAST	6.3 STREET ADDRESS	1221 HILLTOP CT.	
CITY-ST-ZIP	PALM BAY FL	6.4 CITY-ST-ZIP	PALM BAY, FL. 32909	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond L Mercier (RAYMOND L. MERCIER) 4/25/95 407-724-6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037084