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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morrisam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15629 (1)
1. Corporation Name
SOUTHERN OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 668 SEVEN GABLES CIR. PALM BAY FL 32909 US	Mailing Address 668 SEVEN GABLES CIR. PALM BAY FL 32909-6566 US
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3. Date Incorporated or Qualified 06/27/1986	3a. Date of Last Report 05/19/1996
4. FEI Number 59-2768097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

9. Name and Address of Current Registered Agent MERCIER, RAYMOND L 668 SEVEN GABLES CIRCLE SE PALM BAY FL 32909	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL
81 Name	85 Zip Code								
82 Street Address (P.O. Box Number is Not Acceptable)									
83									
84 City	FL								

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MERCIER, RAYMOND L 668 SEVEN GABLES CIRCLE SE PALM BAY FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PR SCOTT DEXTER
NAME		1.2 NAME	1221 MONUMENT AVE
STREET ADDRESS		1.3 STREET ADDRESS	PALM BAY, FL 32909
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ANDERSON, PAUL 1382 BUFFING CIRCLE S.E. PALM BAY FL 32909	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD ALLEN CUMMINGS
NAME		2.2 NAME	399 AINSLEY ST
STREET ADDRESS		2.3 STREET ADDRESS	PALM BAY, FL 32909
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BECKWITH, DONNA 1398 BUFFING CIRCLE, SOUTHEAST PALM BAY FL 32909	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD MICHAEL FARRELL
NAME		3.2 NAME	107 VIN ROSE CIRCLE
STREET ADDRESS		3.3 STREET ADDRESS	PALM BAY FL 32909
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MERCIER, DIANE 668 SEVEN GABLES CIRCLE, SOUTHEAST PALM BAY FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD SUSAN FARRELL
NAME		4.2 NAME	107 VIN ROSE CIRCLE
STREET ADDRESS		4.3 STREET ADDRESS	PALM BAY, FL 32909
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VADNAIS, RONALD 302 LANACK RD S.E. PALM BAY FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JEANNE ROCHON
NAME		5.2 NAME	675 SEVEN GABLES CIR.
STREET ADDRESS		5.3 STREET ADDRESS	PALM BAY FL 32909
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SKIFFINGTON, WILLIAM 1398 BUFFING CIR. S.E. PALM BAY FL 32909	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PATRICIA SPARRA
NAME		6.2 NAME	678 SEVEN GABLES CIR
STREET ADDRESS		6.3 STREET ADDRESS	PALM BAY FL 32909
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: Susan Farrell (SUSAN FARRELL) 5-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)