

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>668 SEVEN GABLES CIR. PALM BAY FL 32909 US</b>	Mailing Address <b>668 SEVEN GABLES CIR. PALM BAY FL 32909 US</b>
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2. Principal Place of Business <b>21 399 Ainsley St. SE</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 399 Ainsley St. SE</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Palm Bay Fl.</b>	City & State <b>28 Palm Bay Fl.</b>
Zip <b>24 32909</b>	Country <b>29 USA</b>

3. Date Incorporated or Qualified <b>06/27/1986</b>	4. FEI Number <b>59-2768097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

81 Name <b>Ava Cummings</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>399 Ainsley St. SE</b>
83
84 City <b>Palm Bay</b>
85 Zip Code <b>FL 32909</b>

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 Ava Cummings DATE April 28, 1998

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DEXTER, SCOTT</b>	
STREET ADDRESS <b>1221 MOUNUMENT AVE.</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CUMMINGS, ALLEN</b>	
STREET ADDRESS <b>399 AINSLEY ST</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>FARRELL, MICHAEL</b>	
STREET ADDRESS <b>107 VIN ROSE CIR</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FARRELL, SUSAN</b>	
STREET ADDRESS <b>107 VIN ROSE CIR</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROCHON, JEANNE</b>	
STREET ADDRESS <b>645 SEVEN GABLES CIR</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SIPARA, PATRICIA</b>	
STREET ADDRESS <b>678 SEVEN GABLES, CIR</b>	
CITY-ST-ZIP <b>PALM BAY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>AVA Cummings</b>	
1.3 STREET ADDRESS <b>399 Ainsley St. SE</b>	
1.4 CITY-ST-ZIP <b>Palm Bay Fl. 32909</b>	
2.1 TITLE <b>VICE President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>ANDY Sipara</b>	
2.3 STREET ADDRESS <b>678 SEVEN GABLES, CIR.</b>	
2.4 CITY-ST-ZIP <b>Palm Bay, Fl. 32909</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>ROSALYN Wolfe</b>	
4.3 STREET ADDRESS <b>1394 Ruffin Circle SE</b>	
4.4 CITY-ST-ZIP <b>Palm Bay, Fl. 32909</b>	
5.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>LUTHER RAYMOND</b>	
5.3 STREET ADDRESS <b>701 ALFORD ST. SE</b>	
5.4 CITY-ST-ZIP <b>P.B. Fl. 32909 (678-9079)</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Ava Cummings DATE: April 28, 1998

CR2E037 (10/97)