

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-07-2004 90127 034 ****61.25

DOCUMENT # N15629 1. Entity Name SOUTHERN OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1354 ELDRON BLVD SE PALM BAY FL 32909 US			Mailing Address 1354 ELDRON BLVD SE PALM BAY FL 32909 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2768097	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CAROTHERS, DONALD 1354 SE ELDRON BLVD PALM BAY FL 32909				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Donald F. Carothers, President</i></u> <u><i>4/26/04</i></u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOWERS, ROY <i>Director</i> ☐ Delete 779 RALEIGH RD., SE PALM BAY FL 32909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Stan Campbell ☐ Change ☒ Addition 705 Simon St. SE Palm Bay, FL 32909 <i>Treasurer</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAROTHERS, DONALD L <i>President</i> ☐ Delete 1354 SE ELDRON BLVD PALM BAY FL 32909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Fred Thompson ☐ Change ☒ Addition 803 RALEIGH RD SE PALM BAY FL 32909 <i>Director</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B CATE, MARY ANN <i>Director</i> ☐ Delete POB 100182 PALM BAY FL 32909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ivan Brown ☐ Change ☒ Addition 1591 Ashboro Ct SE Palm Bay, FL 32909 <i>Secretary</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOLFE, ROSALYN ☒ Delete 1394 RUFFIN CIRCLE, SE PALM BAY FL 32909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pat Hunte ☐ Change ☒ Addition 561 Raleigh Rd SE Palm Bay, FL 32909 <i>Director</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RADWAY, LUTHER <i>Director</i> ☐ Delete 701 ALFORD ST, SE PALM BAY FL 32909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, HAROLD <i>Director</i> ☐ Delete 801 SEVEN GABLES CIR SE PALM BAY FL 32909		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Donald F. Carothers</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>4/26/04</i></u> <u><i>321-733-0229</i></u> Date Daytime Phone #		

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MOORE CR2E037 (11/03)