


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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90056 014 ****61.25

DOCUMENT # N16605	
1. Entity Name SIXTY OAKS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1805 SIXTY OAKS LANE VERO BEACH FL 32966 US	Mailing Address SIXTY OAKS HOMEOWNER'S ASSOC. 5976 20TH STREET # 218 VERO BEACH FL 32966 US
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2. Principal Place of Business 5976 - 20th Street, #218	3. Mailing Address same
Suite, Apt. #, etc. n/a	Suite, Apt. #, etc.

City & State VERO Beach, FL	City & State
Zip 32966	Country Indian River

	
4. FEI Number 59-2737781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent HOLLAND, CATHY 1805 SIXTY OAKS LN VERO BEACH FL 32966	7. Name and Address of New Registered Agent Name: Jody Owens, President Street: Sixty Oaks Homeowners Association City: 5976 20th Street, #218 Vero Beach, FL 32966 Zip Code:
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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: Jody Owens Jody Owens 4/9/04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, CATHY 1805 SIXTY OAKS LN VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jody Owens, President Sixty Oaks Homeowners Assoc 5976 20th Street, #218 Vero Beach, FL 32966 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUGAN, MARK 1925 SIXTY OAKS LN VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzanne Erianne, Vice Pres Sixty Oaks Homeowners Assoc 5976 20th Street, #218 Vero Beach, FL 32966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRCHNER, EARL 1817 SIXTY OAKS LN VERO BEACH FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Earl Kirchner, Treasurer Sixty Oaks Homeowners Assoc 5976 20th Street, #218 Vero Beach, FL 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, CLIFF 1838 SIXTY OAKS LN VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernadette Mollo, Secretary Sixty Oaks Homeowners Assoc 5976 20th Street, #218 Vero Beach, FL 32966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGUE, JOSEPH 1846 SIXTY OAKS LANE VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jody Owens Jody Owens 4/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #