2a. Mailing Address

Suite, Apt. #, etc.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16767

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

SOUTHOAK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
901 FLATWOOD CT. BRANDON FL 33511	901 FLATWOOD CT. BRANDON FL 33511
US	US

FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90125 020 ****61.25

3. Date incorporated or Qualifed

09/12/1986 4. FEI Number

22		27						59-2828474		Not	Applicable		
City & Sta	te	28	City & State		_			5. Certifcate of Status Desired		\$8.75 A			
Zip	Country 25	29	Zip Cou		ntry			Election Campaign Financing Trust Fund Contribution		\$5.00 M			
24	9. Name and Address of Current Registered Agent				_	10. Name and Address of New Registered Agent							
5. Name and Address of Current Registered Agent					81	Name			-8	<u> </u>			
WAHLER, JANIS					82 Street Address (P.O. Box Number is Not Acceptable)								
	WOOD CT.				83								
BRANDO	N FL 335 <u>1</u> 1												
					84	City	FL 85 Zip Code						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.	OFFICERS A	ND DIRE		13.			D	ADDITIONS/CHANGES TO OFF			RS IN 12		
TITLE	P		DELETE	1.1 11	ΠLE		L'i.	JOA RIEGLER		Change	☐ Addition		
NAME	BERNINGER, JOHN			1.2 N	ME		914	1 CENTER BROOK Dr					
STREET ADDRESS	903 CENTERBROOK DR			1.3 \$3	REET	ADDRESS		ANDON FL 3351					
CITY-ST-ZIP	BRANDON FL 33511			1.4 CF	1.4 CITY-ST-ZIP		DK	16 32 1' NOMAIN	,				
TITLE	TD	☐ DELETE 2.11		2.1 TI	TLE				•	☐ Change	☐ Addition		
NAME	WAHLER, JANIS			2.2 N	ME	1							
STREET ADDRESS	la a a mara di angla di mara d			2.3 \$1	REET	ADDRESS		•					
CITY-ST-ZIP	BRANDON FL 33511			2.4 C	ITY-\$ <u>1</u>	Γ- ZIP							
TITLE	SD		DELETE	3.1 TF	TLE		50			Change	Addition		
NAME	CAVALIERE, BARBARA			3.2 N	WE.		Dec	BI KENNEDY					
STREET ADORESS	909 CENTERBROOK DR			3.3 \$1	REET	ADDRESS	813	CENTERBROOK Dr.					
CITY-ST-ZIP	BRANDON FL 33511			3.4. C	ITY-S		<u>Br</u>	9NDON, FL 33511					
TITLE	VPD		∑ DELETE	4.1 📆	ΠE		NPD			☐ Change	☐ Addition		
NAME	RIEGLER, LINDA			4. 2 N	AME	1	JE	FF MONTOE					
STREET ADDRESS	914 CENTERBROOK DR			4.3 ST	REET	ADDRESS	पा	CENTER BROOK Dr					
CITY-ST-ZIP	BRANDON FL 33511			4.4 CF	TY-\$T	-ZIP	Bro	MOON, FL 33511					
TITLE			☐ DELETÉ	5.1 TT	TLE					Change	Addition		
NAME				5.2 N	ME								
STREET ADDRESS				5.3 \$1	REET	ADDRESS							
CITY-ST-ZIP					TY-ST	- ZIP							
TITLE			☐ DELETE	6.1 TT	ΠE					Change	☐ Addition		
NAME				6.2 NA	ME	1							
]			6397	DEET	ADDRESS							

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 a attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INS WAHLER

128/99

(813)653-0313

CR2E037 (11/98)

Applied For