2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # N16767** 1. Entity Name SOUTHOAK COMMUNITY ASSOCIATION, INC. 03-17-2000 90014 001 ****61.25 Principal Place of Business Mailing Address 901 FLATWOOD CT. 901 FLATWOOD CT. BRANDON FL 33511 BRANDON FL 33511-9007 Address Bax 27/269 2. Principal Place of Business 3802 Ehrlich Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5.106 City & State 4. FEI Number Applied For 59-2828474 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAHLER, JANIS 901 FLATWOOD CT. **BRANDON FL 33511** 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete Addition NAME RIEGLER, LINDA NAME Centerbrook Dr. STREET ADDRESS 914 CENTER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Change Addition TITLE TD ☐ Delete TITLE NAME WAHLER, JANIS NAME STREET ADDRESS STREET ADDRESS 901 FLATWOOD CT. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Change TITLE SD --- - --TITLE Delete KENNEDY, DEBBIE NAME NAME STREET ADDRESS STREET ADDRESS 813 CENTERBROOK DR. CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 ☐ Change Addition **VPD** TITLE TITLE MONROE, JEFF NAME NAME Debbie Kennedu STREET ADDRESS 911 CENTERBROOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** Change TITLE ☐ Delete TITLE NAME NAME JIM KENDA STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP HILE ☐ Delete NAME STREET ADDRESS ANDRESS ADDRESS ST-ZIP CITY-ST-ZIP

I. 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 either like empowered.

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SIGNATURE:

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