5/3/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-03-2001 90927 002 ****61.25

DOCUMENT # N16767

1. Entity Name

SOUTHOAK COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3802 EHRLICH RD S 106 TAMPA FL 33624 US	PO BOX 271269 TAMPA FL 33624 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2828474 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, PATRICIA C/O SUN COVE REALTY INC 3802 EHRLICH RD STE 106 TAMPA FL 33624	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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIEGLER, LINDA 914 CENTERBROOK DR BRANDON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Linda Boncbrake 919 Centerbrook Dr. Brandon, FL 33511 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAHLER, JANIS 901 FLATWOOD CT. BRANDON FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Chuck Colwill 4605 Clarksdale Brandon, FL 33511 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAHLER, ROBIN 901 CENTERBROOK DR BRANDON FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See Pat Cook 619 Centerbrook Dr. Brandon, FL 33511 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, DEBBIE 813 CENTERBROOK DR BRANDON FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas Jim Lamb 917 Centerbrook Dr. Brandon, FL 33511 D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Linda M. Boncbrake 4-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #