2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90141 009 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
919 CENTERBROOK DR	SOUTHOAK COMMUNITY ASSOC
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 1917
City & State BRANDON, FL	City & State RIVERVIEW FL
Zip 33511 Country HILLSBOROUGH	Zip 33568-1917 Country USA

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 JAMES L. LAMB Street Address (P.O. Box Number is Not Acceptable) 917 CENTERBROOK DR. City BRANDON FL Zip Code 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 James L Lamb April 25, 2002

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

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	PD BONEBRAKE, LINDA 919 CENTERBROOK DR BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COLWILL, CHUCK 4605 CLARKSDALE BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOK, PAT 610 CENTERBROOK DR BRANDON FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAMB, JIM 917 CENTERBROOK DR BRANDON FL 33511	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: James L Lamb REQUIRED April 25, 2002 (813) 872 7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #