2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 18, 2007 08:00 AM Secretary of State

ח	റ	\cap	11	ИE	N٦	Γ#	Ν	121	121	15
ட	u	\mathbf{v}	u	VIL.	17	***		_	_	

1. Entity Name

SPRING OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1003 E HIGHLAND DR LAKELAND, FL 33813

LIS

1003 E HIGHLAND DR

LAKELAND, FL 33813 U

CR2E037 (4/06)

П

4. FEI Number 59-3012329

Applied For Not Applicable

5. Certificate of Status Desired

01082007 No Chg-NP

\$8.75 Additional Fee Required

12:12:12:1

6. Name and Address of Current Registered Agent

DEPIANTA, DONALD 1003 E HIGHLAND DR LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for ilons of registered agent.	the purpose of changing its registe	rea office or i	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Register	ed Agent signatur	s required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEPIANTA, DONALD 1003 E HIGHLAND DR LAKELAND, FL 33813				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALLERY, ROBERT 1018 E HIGHLAND DR LAKELAND, FL 33813				000000590803 01/18/07-80070-016 61,25
IITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, DENISE 1119 E HIGHLAND DR LAKELAND, FL 33813			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPARD, MICHAEL 1146 E. HIGHLAND DR. LAKELAND, FL 33813			·····iN:	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, SWANE 1154 E HIGHLAND DR LAKELAND, FL 33813				
TITLE NAME	D SMITH BRADIEV	·			

12. Thereby certify that the information sypplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier of the composition of the corporation or the receive of trustee errowered 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, without the rilly epipophica.

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS 1135 E HIGHLAND DR

LAKELAND, FL 33813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1.15.07

(S&F)(Y6-156)