FILED 2008 NOT-FOR-PROFIT CORPORATION Jan 30, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N21215**

1. Entity Name SPRING OAKS COMMUNITY ASSOCIATION, INC.							1-30-2008 9	0025 013		23		
Principal Place 1003 E HIGH LAKELAND, F	LAND DR	US	1003	Address E HIGHLAND DR LAND, FL 33813	US		j (regine) číř něch	11 8/2 1/80 1 (1801 201	8 (8) 8(8) 8(8)		7141 21 FBP1	
2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Maili	ng Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01282008 CI	hg-NP	CR2E037	(12/06)			
City & State		City	City & State			4. FEI Number 59-3012329			_ 	plied For t Applicable		
Zip Country 2		Zip	p Country			5. Certificate of Status Desired						
6. Name and Address of Current Registers						7. Name and Address of New Registered Agent						
DEDIANTA	- DONAL	•			Name							
DEPIANTA, DONALD 1003 E HIGHLAND DR LAKELAND, FL 33813					Street A	Street Address (P.O. Box Number is Not Acceptable)						
					City		·····	, , , , , , , , , , , , , , , , , , , 	FL	Zip Code	9	
		y submits this statement f	or the purpo	ose of changing its	registered office o	register	ed agent, or both, in	the State of Flo		miliar with,	and accept	
the obligat	ions of regist	егей адепі.										
SIGNATURE.	Signature, lyped	for printed name of registered ager	it and title if app	Hoable: (NOTE	: Registered Agent signal	ure required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2008												
				· · · · · · · · · · · · · · · · · · ·	npaign Financing contribution.		\$5.00 May Be Added to Fees		ake check Ida Departr			
10.			IRECTORS	9. Election Can				Flori	da Departi	nent of St	tate	
10.		May 1, 2008	IRECTORS	9. Election Can Trust Fund C	ontribution.		Added to Fees	Flori	da Departi RS AND DIRI	nent of St	tate	
	Due by N	May 1, 2008	IRECTORS	9. Election Can	contribution.		Added to Fees	Flori	da Departi RS AND DIRI	nent of SI	10	
TITLE	TD DEPIANT	May 1, 2008 OFFICERS AND D	IRECTORS	9. Election Can Trust Fund C	11.		Added to Fees	Flori	da Departi RS AND DIRI	nent of SI	10	
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12. I hereby certify that the information supplied 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 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: 4