2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# N21619

Entity Name: CARMEN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

872 CYNTHIANNA CIR
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

872 CYNTHIANNA CIR
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZERIVITZ, DONALD
872 CYNTHIANNA CIR.
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WAYNE, JOHN
Address: 876 CYNTHINNA CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD ( ) Delete
Name: ZERVITZ, DONALD
Address: 872 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD ( ) Delete
Name: CHALIFOUX, WAYNE
Address: 870 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: SEC ( ) Delete
Name: BRENNER, LINDA
Address: 874 CYNTHIANNA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD ZERIVITZ TREA 04/17/2007

Electronic Signature of Signing Officer or Director — Date