2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23867

FILED Feb 14, 2007 Secretary of State

Entity Name: ST. CLOUD OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2812 ST CLOUD OAKS DR 2812 ST CLOUD OAKS DR P O BOX 863 VALRICO, FL 335947863 US

VALRICO, FL 335947863 US

New Mailing Address: Current Mailing Address:

P.O. BOX 863

VALRICO, FL 33594 US

FEI Number: 59-2873359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELMER, MELANIE HITT, SPENCER 2733 ST CLOUD OAKS DRIVE 2726 ST CLOUD OAKS DRIVE

VALRICO, FL 33594 VALRICO, FL 33594

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: SPENCER HITT 02/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ELMER, MELANIE HITT, SPENCER Name: Name: 2733 ST CLOUD OAKS DR Address: 2726 ST CLOUD OAKS DR. Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

KELLY, BILL Name: KELLY, BILL Name:

Address: 2803 ST CLOUD OAKS DR. Address: 2803 ST CLOUD OAKS DR. City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: () Change () Addition

PLACEK, BRADY Name: Name: 2715 ST CLOUD OAKS DR. Address: Address:

City-St-Zip: VALRICO, FL 33594 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: CHEEK, CHRISANN Name: EIDGE, SALLY

Address: 2727 ST CLOUD OAKS DR. Address: 2709 ST CLOUD OAKS DR. City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: () Delete Title: (X) Change () Addition

BRADY, JAY O'TOOLE, SARAH Name: Name: 2811 ST CLOUD OAKS DR 2720 ST CLOUD OAKS DR. Address: Address:

City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594

Title: (X) Delete Title: () Change () Addition STALLWORTH, LYNNE Name: Name:

Address: 2704 ST CLOUD OAKS DR Address: VALRICO, FL 33594 City-St-Zip: 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: BRADY PLACEK Т 02/14/2007