2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N23867

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

Current Principal Place of Business:

2812 ST CLOUD OAKS DR
VALRICO, FL 335947863 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 863
VALRICO, FL 33594 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

HITT, SPENCER
2726 ST CLOUD OAKS DRIVE
VALRICO, FL 33594 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: P ( ) Delete
Name: HITT, SPENCER
Address: 2726 ST CLOUD OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: V ( ) Delete
Name: KELLY, BILL
Address: 2803 ST CLOUD OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete
Name: PLACEK, BRADY
Address: 2715 ST CLOUD OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: EIDGE, SALLY
Address: 2709 ST CLOUD OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: O'TOOLE, SARAH
Address: 2720 ST CLOUD OAKS DR.
City-St-Zip: VALRICO, FL 33594

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:

Title: D (X) Change ( ) Addition
Name: HULL, TERRY
Address: 2805 ST CLOUD OAKS DR.
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify 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 T 02/05/2008

Electronic Signature of Signing Officer or Director — Date