2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N24642

Entity Name: BIG OAKS HOMEOWNER ASSOCIATION, INC.

Current Principal Place of Business:

1032 BIG OAKS BOULEVARD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1032 BIG OAKS BOULEVARD
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2872324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWITCH, JAY M
1032 BIG OAKS BLVD.
OVIEDO, FL 32765 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:	SWITCH, JAY	
Address:	1032 BIG OAKS BLVD	
City-St-Zip:	OVIEDO, FL 32765	
Title:	TD	( ) Delete
Name:	WIDDOWS, JAMES	
Address:	1008 BIG OAKS BLVD	
City-St-Zip:	OVIEDO, FL 32765	
Title:	VD	( ) Delete
Name:	BELOW, SCOTT	
Address:	1042 BIG OAKS BLVD	
City-St-Zip:	OVIEDO, FL 32765	
Title:	VD	( ) Delete
Name:	DARNELL, RONALD	
Address:	1054 BIG OAKS BL	
City-St-Zip:	OVIEDO, FL 32765	
Title:	SD	( ) Delete
Name:	GOETZ, JOHN	
Address:	1005 BIG OAKS BLVD	
City-St-Zip:	OVIEDO, FL 32765	

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

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: JAY M SWITCH PD 01/13/2009

Electronic Signature of Signing Officer or Director — Date