2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# N26729

Entity Name: MIDDLETON OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

% WEAN & MALCHOW, P.A.
646 E COLONIAL DR
ORLANDO, FL 328034603

New Principal Place of Business:

Current Mailing Address:

981 OLD MAIL LANE
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 59-2948170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEAN, PAUL ESQ
646 E COLONIAL DR
ORLANDO, FL 328034603 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: SECR ( ) Delete
Name: ADLER, STACEY
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773 US

Title: DIR (X) Delete
Name: NORIEGA, LANCE
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773 US

Title: DIR ( ) Delete
Name: KONG, DAVID
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773 US

Title: TRES ( ) Delete
Name: SHEA, DAMARIS
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773 US

Title: PRES ( ) Delete
Name: CHRISTENSON, TODD
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773 US

Title: VP (X) Delete
Name: BARTON, MARK
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change ( ) Addition
Name: SHEA, DAMARIS
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773

Title: VP (X) Change ( ) Addition
Name: BARTON, MARK
Address: 981 OLD MAIL LANE
City-St-Zip: SANFORD, FL 32773 US

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: DAMARIS SHEA TRES 09/02/2008

Electronic Signature of Signing Officer or Director — Date