

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 005 ****61.25

DOCUMENT # N30373

1. Entity Name
SOUTHERN OAKS OF PASCO HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US

Mailing Address
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2956827

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR.
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779-5044

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME BRAWER, STEVEN
STREET ADDRESS 10131 WHEATLAND RD
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE PD ☐ Delete
NAME MALFRONTE, JAN
STREET ADDRESS 4816 FORT PECK RD
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE TD ☐ Delete
NAME STRACHAN, JIM
STREET ADDRESS 4400 FORT SHAW DR.
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE SD ☐ Delete
NAME SILVA, TINA
STREET ADDRESS 4602 DEER LODGE RD
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE D ☐ Delete
NAME STEWART, MARK
STREET ADDRESS 4835 FORT PECK RD
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE VD ☐ Delete
NAME SILVA, GUS
STREET ADDRESS 4602 DEER LODGE RD
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME MEYERS, AMANDA
STREET ADDRESS 5001 DEER LODGE RD
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE D ☐ Change ☒ Addition
NAME LEAHY, TOM
STREET ADDRESS 4432 FORT SHAW DR
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE D ☐ Change ☒ Addition
NAME HUMPHREYS, BILL
STREET ADDRESS 4343 FORT SHAW DR
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE D ☒ Change ☐ Addition
NAME SILVA, TINA
STREET ADDRESS 4602 DEER LODGE RD
CITY - ST - ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jan Malfronte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08
Date Daytime Phone #