

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30373

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2956827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: SD () Delete
Name: BRAWER, STEVEN
Address: 10131 WHEATLAND RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD () Delete
Name: MALFRONTE, JAN
Address: 4816 FORT PECK RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: STRACHAN, JIM
Address: 4400 FORT SHAW DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: SILVA, TINA
Address: 4602 DEER LODGE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: STEWART, MARK
Address: 4835 FORT PECK RD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD () Delete
Name: SILVA, GUS
Address: 4602 DEER LODGE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: VPD (X) Change () Addition
Name: LEAHY, TOM
Address: 4432 FORT SHAW DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: D (X) Change () Addition
Name: MEYERS, AMANDA
Address: 5001 DEER LODGE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JAN MALAFRONTA

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date