

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30844

FILED
Mar 07, 2007
Secretary of State

Entity Name: DREW OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7629 DREW OAK DR.
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

7629 DREW OAK DR.
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 59-2951294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKSON, WAYNE
7597 DREW OAK DR
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

DEWINNE, BRIAN
7629 DREW OAK DR
SEMINOLE, FL 33772 US

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: BRIAN DEWINNE

03/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICKSON, WAYNE
Address: 7597 DREW OAKS DR
City-St-Zip: SEMINOLE, FL 33772

Title: VD (X) Delete
Name: NICKSON, STEPHANIE
Address: 7597 DREW OAKS DR
City-St-Zip: SEMINOLE, FL 33772

Title: T (X) Delete
Name: STAUB, DANIEL L.
Address: 7629 DREW OAK DR.
City-St-Zip: SEMINOLE, FL

Title: SD (X) Delete
Name: STAUB, EILEEN
Address: 7629 DREW OAK DR
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DEWINNE, BRIAN
Address: 7629 DREW OAKS DR
City-St-Zip: SEMINOLE, FL 33772

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 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: BRIAN DEWINNE

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03/07/2007

Electronic Signature of Signing Officer or Director

Date