

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N32047**

1. Entity Name

**TWO OAKS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**JEFF CROWDER**  
**1140 TWO OAKS BLVD.**  
**MERRITT ISLAND, FL 32952 US**

Mailing Address

**DARLENE SWEENEY**  
**1180 TWO OAKS BLVD.**  
**MERRITT ISLAND, FL 32952**



04022007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2952195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SWEENEY, DARLENE**  
**1180 TWO OAKS BLVD.**  
**MERRITT ISLAND, FL 32952**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | PD                       |
| NAME           | CROWDER, JEFF            |
| STREET ADDRESS | 1140 TWO OAKS BLVD.      |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32952 |
| TITLE          | VD                       |
| NAME           | CROWDER, MARGARET        |
| STREET ADDRESS | 1140 TWO OAKS BLVD.      |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32952 |
| TITLE          | TD                       |
| NAME           | SWEENEY, DARLENE         |
| STREET ADDRESS | 1180 TWO OAKS BLVD.      |
| CITY-ST-ZIP    | MERRITT ISLAND, FL 32952 |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

U000000690817  
04/12/07-800005-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-07

454-3613