

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32047

1. Entity Name
TWO OAKS HOMEOWNERS ASSOCIATION, INC.



FILED
Apr 07, 2008 08:00 A
Secretary of State

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



02122008 No Chg-NP CR2E037 (4/08)

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 \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000886083
04/18/08-80042-001 61.25

10. OFFICERS AND DIRECTORS

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

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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 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:

Darlene M Sweeney
Darlene Sweeney

4-2-08 **454-3613**
Date Daytime Phone #