

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33490
1. Corporation Name

(6)

**SOUTH OAKS HOMEOWNERS' ASSOCIATION OF
MELBOURNE, INC.**

Principal Place of Business

Mailing Address

**4073 TWIN OAKS BLVD.
MELBOURNE, FL 32901**

**4073 TWIN OAKS BLVD.
MELBOURNE, FL 32901**

3. Date Incorporated or Qualified
07/31/1989

3a. Date of Last Report
2/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALBANO, FRANK
902 SOUTH FORK CIRCLE
MELBOURNE, FL 32901**

81 Name
BECK, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)
908 SOUTH FORK CIRCLE

83

84 City
MELBOURNE

85 Zip Code
FL 32901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE

JOHN BECK

TREASURER

4-24-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME PROULX, LORI
STREET ADDRESS 998 SOUTH FORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE V/D ☐ DELETE

NAME THOMS, KEN
STREET ADDRESS 1092 SOUTH FORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE S/D ☐ DELETE

NAME LUND, JEAN
STREET ADDRESS 1050 SOUTH FORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE T/D ☐ DELETE

NAME BECK, JOHN
STREET ADDRESS 908 SOUTH FORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D ☐ DELETE

NAME DANIELS, TRUDY
STREET ADDRESS 953 SOUTH FORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D ☐ DELETE

NAME KAPLAN, MURIEL
STREET ADDRESS 1006 SOUTH FORK CIRCLE
CITY-ST-ZIP MELBOURNE, FL 32901

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

SOUTH OAKS HOMEOWNERS' ASSOCIATION OF MELBOURNE,

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ADDITIONAL DIRECTORS FOR 1996 CORPORATION ANNUAL REPORT

D
HAMMOND, PAT
1072 SOUTH FORK CIRCLE
MELBOURNE, FL 32901

D
FLANAGAN, RUTH
933 SOUTH FORK CIRCLE
MELBOURNE, FL 32901

D
GUBA, STEPHANIE
880 CROSS LAKE DR.
MELBOURNE, FL 32901