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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33490**

1. Corporation Name

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
07/31/1989

4. FEI Number
59-2952558
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

MARTENS, HELEN
1027 SOUTH FORK CIRCLE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	FLANAGAN, RUTH		1.2 NAME	Hank Reis-El Bara	
STREET ADDRESS	933 SAOUTH FORK CIR		1.3 STREET ADDRESS	960 South Fork Circle	
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	☐ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	PETRAK, PAUL		2.2 NAME	Stan Zepp	
STREET ADDRESS	1080 SOUTH FORK CIRCLE		2.3 STREET ADDRESS	955 So. Fork Circle	
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	SD	☒ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	HAMMOND, PAT		3.2 NAME	Judy Sam Ways	
STREET ADDRESS	1072 SOUTH FORK CIRCLE		3.3 STREET ADDRESS	913 So. Fork Circle	
CITY-ST-ZIP	MELBORUNE FL		3.4. CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	TD	☐ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	MARTENS, HELEN		4. 2 NAME		
STREET ADDRESS	1027 SOUTH FORK CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	JIANNINE, ARTHUR		5.2 NAME	Bill Ranshaws	
STREET ADDRESS	953 SOUTH FORK CIRCLE		5.3 STREET ADDRESS	980 So. Fork Circle	
CITY-ST-ZIP	MELBOURNE FL 32901		5.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	PARASCANDOLA, SAL		6.2 NAME	Clifford Haynes	
STREET ADDRESS	989 S FORK CIR		6.3 STREET ADDRESS	935 So. Fork Circle	
CITY-ST-ZIP	MELBOURNE FL 32901		6.4 CITY-ST-ZIP	Melbourne, FL 32901	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: X Signature Required 2/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #