

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 004 ****61.25

DOCUMENT # N33490
1. Entity Name
**SOUTH OAKS HOMEOWNERS' ASSOCIATION OF
MELBOURNE, INC.**



Principal Place of Business
**4073 TWIN OAKS BLVD.
MELBOURNE FL 32901**

Mailing Address
**4073 TWIN OAKS BLVD.
MELBOURNE FL 32901**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



1st MOORE CR2E037 (10/04)

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MARTENS, HELEN
1027 SOUTH FORK CIRCLE
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent
Name **Sullivan, Dennis**
Street Address (P.O. Box Number is Not Acceptable)
1008 South Fork Circle
City **Melbourne, FL** Zip Code **32901**

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 **Dennis R. Sullivan** **Dennis R. Sullivan** **4/17/05**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REIS-EL BARA, HANK 960 SOUTH FORK CIRCLE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDOLFI, LUCILLE 915 SOUTH FORK CIRCLE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRISTADORO, FRANK 964 South Fork Circle Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRAK, PAUL 1080 SOUTH FORK CIRCLE MELBORUNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOODWIN, ROCKY 1084 South Fork Circle Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTENS, HELEN 1027 SOUTH FORK CIRCLE MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sullivan, Dennis 1008 South Fork Circle Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, KEITH 1092 S. FORK CIRCLE MELBOURNE FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BALLAS, Phyllis 4133 Green OAK Dr. Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLIAN, JUDITH 990 SOUTH FORK CIRCLE MELBOURNE FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RODGER, CARL 4126 Green OAK Dr. Melbourne, FL 32901

12. 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 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: **Dennis R. Sullivan** **Dennis R. Sullivan** **4/17/05** **(321)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **606 6446**