2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # N33490 04-07-2006 90040 013 ****61.25 1. Entity 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 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2952558 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULLIVAN, DENNIS Street Address (P.O. Box Number is Not Acceptable) 1008 SOUTH CORK CIRCLE MELBOURNE FL 32901 City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 \Box Trust Fund Contribution. Added to Fees Florida Department of State age of the second OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 TITLE TITLE Change Addition Delete Sullivan, Dennis 1008 South Fork Circle REIS-EL BARA, HANK NAME NAME 960 SOUTH FORK CIRCLE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP Melbourne, FC SD THLE Delete TITLE ☐ Change ☐ Addition BALLAS, Phyllis LANDOLFI, LUCILLE NAME NAME 915 SOUTH FORK CIRCLE 4133 6Rean OAK 181, STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP Melboure, FC 32901 dition TITLE Delete TITLE SOMMER, Lee. 4106 TWIN ODIES DIOIS. PETRAK, PAUL NAME STREET ADDRESS 1080 SOUTH FORK CIRCLE STREET ADDRESS CITY-ST-ZIP MELBORUNE FL CITY-ST-ZIP Melboure R 3290) TITLE ☐ Delete TITLE Change ☐ Addition CRISTADORO, FRANK NAME NAME STREET ADDRESS 964 SOUTH FORK CIRCLE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GODWIN, ROCKY NAME NAME 1084 SOUTH FORK CIRCLE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP THIF Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY+ST-7IP

MCMILLIAN, JUDITH

MELBOURNE FL 32901

990 SOUTH FORK CIRCLE

NAME

STREET ADDRESS

CITY-ST-7IP

3-8-06 321-676-6947

FILED