

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90417 009 ****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



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 59-2952558		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SULLIVAN, DENNIS 1008 SOUTH CORK CIRCLE MELBOURNE FL 32901		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DENNIS	NAME	
STREET ADDRESS	1008 S FORK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	LANDOLFI, LUCILLE	NAME	
STREET ADDRESS	915 SOUTH FORK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	PETRAK, PAUL	NAME	Haggerty, KATHY
STREET ADDRESS	1080 SOUTH FORK CIRCLE	STREET ADDRESS	4077 Green Oak Dr.
CITY-ST-ZIP	MELBORUNE FL	CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	CRISTADORO, FRANK	NAME	CLARK, JoAnn
STREET ADDRESS	964 SOUTH FORK CIRCLE	STREET ADDRESS	4048 Green Oak Dr.
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D ☐ Delete	TITLE	TD ☐ Change ☒ Addition
NAME	GODWIN, ROCKY	NAME	SAMWAYS, Judy
STREET ADDRESS	1084 SOUTH FORK CIRCLE	STREET ADDRESS	913 South Fork Circle
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D ☒ Delete	TITLE	SD ☐ Change ☒ Addition
NAME	MCMILLIAN, JUDITH	NAME	BALLAS, Phyllis
STREET ADDRESS	990 SOUTH FORK CIRCLE	STREET ADDRESS	4133 Green Oak Dr.
CITY-ST-ZIP	MELBOURNE FL 32901	CITY-ST-ZIP	Melbourne, FL 32901

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.

SIGNATURE: Den R. Sull 2-13-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #