

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 013 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-2952558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, DENNIS
1008 SOUTH FORK CIRCLE
MELBOURNE FL 32901**

Name **LANDOLFI, Lucille**

Street Address (P.O. Box Number is Not Acceptable)

915 South Fork Cir

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

Lucille Landolfi

Lucille Landolfi

4-15-08

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

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE **PD** ☒ Delete
NAME **SULLIVAN, DENNIS**
STREET ADDRESS **1008 S FORK CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VP** ☐ Delete
NAME **LANDOLFI, LUCILLE**
STREET ADDRESS **915 SOUTH FORK CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
NAME **PETRAK, PAUL**
STREET ADDRESS **1080 SOUTH FORK CIRCLE**
CITY-ST-ZIP **MELBORUNE FL**

TITLE **D** ☐ Delete
NAME **CRISTADORO, FRANK**
STREET ADDRESS **964 SOUTH FORK CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☒ Delete
NAME **GODWIN, ROCKY**
STREET ADDRESS **1084 SOUTH FORK CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
NAME **HAGGERTY, KITTY**
STREET ADDRESS **4077 GREEN OAK DR**
CITY-ST-ZIP **MELBOURNE FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **SAMWAYS, Judy**
STREET ADDRESS **913 South Fork Cir**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **PD** ☒ Change ☐ Addition
NAME **CLARK, S. Ann**
STREET ADDRESS **4048 Green Oak Dr.**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Change ☒ Addition
NAME **ADAMS, Audrey**
STREET ADDRESS **1062 South Fork Cir**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Change ☒ Addition
NAME **O'Neil, Dan**
STREET ADDRESS **1035 South Fork Cir**
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **D** ☐ Change ☐ Addition
NAME **HAGGERTY, KITTY**
STREET ADDRESS **4077 GREEN OAK DR**
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

Grand Cassidy

4/15/08 (321) 676-1111