

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90097 028 \*\*\*\*61.25

**DOCUMENT # N38318**

1. Entity Name  
**RANDOM OAKS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**1463 OAKFIELD DR  
SUITE 141  
BRANDON, FL 33511 US**

Mailing Address  
**MCNEIL MGMT SVCS INC  
PO BOX 6235  
BRANDON, FL 33508-6004 US**

**60011497**



2. Principal Place of Business - No P.O. Box #  
**1463 Oakfield Dr.**

3. Mailing Address

Suite, Apt. #, etc.  
**Ste 142**

Suite, Apt. #, etc.

City & State  
**Brandon FL**

City & State

Zip  
**33511**

Country  
**US**

Zip

Country

01242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0196937**

Applied For  
Not Applicable

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

**TANKEL, ROBERT PA  
1022 MAIN STREET STE D  
DUNEDIN, FL 34698**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SAULNIER, KEN**  
STREET ADDRESS **5906 ERHARDT**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☐ Delete  
NAME **HARDAWAY, DONNIE**  
STREET ADDRESS **5818 ERHARDT DR**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **D** ☒ Delete  
NAME **ZAK, JAMES**  
STREET ADDRESS **5901 ERHARDT DR**  
CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Petrick, George**  
STREET ADDRESS **11305 Yeager Ct.**  
CITY-ST-ZIP **Riverview, FL 33569**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-26-2007**

Date

Daytime Phone #

**813 654-6257**