

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90061 038 \*\*\*\*61.25

<b>DOCUMENT # N38318</b> 1. Entity Name <b>RANDOM OAKS HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>1463 OAKFIELD DR STE 142 BRANDON, FL 33511 US</b>			Mailing Address <b>MCNEIL MGMT SVCS INC PO BOX 6235 BRANDON, FL 33508-6004 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0196937</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TANKEL, ROBERT PA 1022 MAIN STREET STE D DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SAULNIER, KEN	NAME	Janssen, Mike		
STREET ADDRESS	5906 ERHARDT	STREET ADDRESS	5809 Erhardt Dr.		
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	Riverview, FL 33578		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDAWAY, DONNIE	NAME			
STREET ADDRESS	5818 ERHARDT DR	STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEORGE, PATRICK	NAME	Petrick, George		
STREET ADDRESS	11305 YEAGER CT	STREET ADDRESS	11305 Yeager Ct.		
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	Riverview, FL 33569		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 another like empower.					
SIGNATURE: _____				3-18-2008 813-662-0262	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
George R. PETRICK JR.					