

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90033 033 \*\*\*\*61.25

<b>DOCUMENT # N48552</b> 1. Entity Name <b>SECLUDED OAKS HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>5248 SECLUDED OAKS DR. ORLANDO, FL 32812</b>		Mailing Address <b>5248 SECLUDED OAKS DR. ORLANDO, FL 32812</b>	
2. Principal Place of Business - No P.O. Box # <b>5223 SECLUDED OAKS DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>5223 SECLUDED OAKS DR.</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32812</b>	Country <b>USA</b>	Zip <b>32812</b>	Country <b>USA</b>
4. FEI Number <b>59-3130570</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HOLLAND, TERESA 5255 SECLUDED OAKS DRIVE ORLANDO, FL 32812</b>		7. Name and Address of New Registered Agent Name <b>SHAWN GRATZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>5223 SECLUDED OAKS DR</b> City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32812</b>	
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: <b>SHAWN GRATZ, TD</b> DATE: <b>1-23-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADDEN, JOHN 5215 SECLUDED OAKS DRIVE ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEJARNETTE, PATTI 5248 SECLUDED OAKS DRIVE ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATHER HOETKE 5240 SECLUDED OAKS DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLAND, TERESA 5255 SECLUDED OAKS DRIVE ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAWN GRATZ 5223 SECLUDED OAKS DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>SHAWN GRATZ, TD</b>		Date: <b>1-23-07</b> Daytime Phone #: <b>407-234-5794</b>	

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