



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90046 045 \*\*\*\*61.25

<b>DOCUMENT # N94000002651</b> 1. Entity Name <b>SOUTHERN OAKS AT OAKLAND SHORES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>190 N WESTMONTE DR STE 100 ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>190 N WESTMONTE DR STE 100 ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business - No P.O. Box # <b>860 North S.R. 434</b>		3. Mailing Address <b>860 North S.R. 434</b>			
Suite, Apt. #, etc. <b>Suite 1009</b>		Suite, Apt. #, etc. <b>Suite 1009</b>			
City & State <b>Altamonte Springs, FL</b>		City & State <b>Altamonte Springs, FL</b>			
Zip <b>32714</b>		Country <b>USA</b>		03192008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-3317759</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>CAMPBELL, MARILYN 190 N WESTMONTE DR STE 100 ALTAMONTE SPRINGS, FL 32714</b>		7. Name and Address of New Registered Agent Name: <b>Campbell, Marilyn</b> Street Address (P.O. Box Number is Not Acceptable): <b>860 North S.R. 434</b> <b>Suite 1009</b> City: <b>Altamonte Springs</b> <b>FL</b> Zip Code: <b>32714</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: <u><i>Marilyn Campbell</i></u> DATE: <u>3/25/08</u> <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, 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CARDONA, ANGEL P.O. BOX 728 OAKLAND, FL 347600728	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Mullen, Michael P.O. Box 519 Oakland, FL 34760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHRISTIE, ROBERT 5422 CARRIER DR., SUITE 307 ORLANDO, FL 32819	<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	PD DAVIS, PARKER P.O. BOX 923 OAKLAND, FL 34760	<input checked="" 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	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-19-08</u> Daytime Phone #: <u>407-342-1974</u>		