

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004028

FILED
Apr 19, 2009
Secretary of State

Entity Name: SHORE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

919 BALL DR
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

919 BALL DR
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-0664294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUBACK, JOSEPH
309 DULMER DR
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAUBACK, JOSEPH
Address: 309 DULMER DR.
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Delete
Name: INTORP, NORBERT
Address: 913 BALL DR.
City-St-Zip: NOKOMIS, FL 34275

Title: SECY () Delete
Name: CAWTHORNE, MARY
Address: 321 DULMER DR.
City-St-Zip: NOKOMIS, FL 34275

Title: TREA () Delete
Name: BLACK, ELIZABETH J
Address: 317 DULMER DR.
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: ANULARE, DAN
Address: 907 BALL DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH J BLACK

TREA

04/19/2009

Electronic Signature of Signing Officer or Director

Date