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Secretary of State
02-20-2007 90046 012 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000752

1. Entity Name
TAMPA OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O OPUS SOUTH MANAGEMENT CORPORATION 4200 WEST CYPRESS ST., STE. 444 TAMPA, FL 33607 US	10350 BREN ROAD WEST MINNETONKA, MN 55343

40021215

02052007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3617775
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GREENFIELD, BARRY W
STREET ADDRESS	4200 W CYPRESS STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	SVP
NAME	SHAW, JERRY
STREET ADDRESS	4200 W CYPRESS STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	P
NAME	RAUENHORST, JOSEPH J
STREET ADDRESS	1300 SAWGRASS CORP PKWY #144
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: Barry Greenfield 2.06.07 813.877.4444
SIGNATURE AND TYPED OR PRINTED NAME OF EDITING OFFICER OR DIRECTOR — Date — Daytime Phone #