2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000000752

TILED
Jul 09, 2008
Secretary of State

Entity Name: TAMPA OAKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O DEAKIN PROPERTY SERVICES, LLC 2909 W. BAY TO BAY BLVD. #108 TAMPA, FL 33629 US

Current Mailing Address: New Mailing Address:

C/O DEAKIN PROPERTY SERVICES P.O. BOX 433 TAMPA, FL 33601

FEI Number: 59-3617775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

Floring Complete of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 GREENFIELD, BARRY W
 Name:
 GREENFIELD, BARRY W

 Address:
 4200 W CYPRESS STREET
 Address:
 4200 W CYPRESS STREET #444

 City-St-Zip:
 TAMPA, FL 33607
 TAMPA, FL 33607
 TAMPA, FL 33607

Title: SVP () Delete Title: DVP (X) Change () Addition

 Name:
 SHAW, JERRY
 Name:
 GOODELL, RANDY

 Address:
 4200 W CYPRESS STREET
 Address:
 13305 TAMPA OAKS BLVD

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 TAMPA, FL 33637

Title: P () Delete Title: D (X) Change () Addition Name: RAUENHORST, JOSEPH J Name: BLANFORD, MEREDITH

Address: 1300 SAWGRASS CORP PKWY #144 Address: 8875 HIDDEN RIVER PARKWAY #260

City-St-Zip: FORT LAUDERDALE, FL 33323 City-St-Zip: TAMPA, FL 33637

Title: () Delete Title: ST () Change (X) Addition
Name: Name: DEAKIN, BARBARA
Address: 2909 W. BAY TO BAY BLVD. #108

City-St-Zip: City-St-Zip: TAMPA, FL 33629

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: BARBARA DEAKIN ST 07/09/2008