## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000752

Apr 30, 2009 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

**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:

## Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GREENFIELD, BARRY W Name:

4200 W CYPRESS STREET #444 Address:

City-St-Zip: TAMPA, FL 33607

Title: () Delete GOODELL, RANDY Name: Address: 13305 TAMPA OAKS BLVD

City-St-Zip: TAMPA, FL 33637

Title: () Delete

BLANFORD, MEREDITH Name:

8875 HIDDEN RIVER PARKWAY #260 Address:

City-St-Zip: TAMPA, FL 33637

Title: ( ) Delete Name: DEAKIN, BARBARA

2909 W. BAY TO BAY BLVD. #108 Address:

City-St-Zip: TAMPA, FL 33629 (X) Change ( ) Addition

BLANFORD, MEREDITH Name:

Address: 8875 HIDDEN RIVER PARKWAY STE 260

City-St-Zip: TAMPA, FL 33637

Title: (X) Change ( ) Addition

Name: COLE, BRIAN

Address: 13305 TAMPA OAKS BLVD City-St-Zip: TAMPA, FL 33637

Title: (X) Change ( ) Addition

MACKOVIC, GAYLE Name: 8425 MONTRAVAIL DRIVE Address:

City-St-Zip: TAMPA, FL 33637

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: BARBARA DEAKIN ST 04/30/2009