

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004169

FILED
Mar 03, 2008
Secretary of State

Entity Name: SAM ALLEN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3509 SAM ALLEN OAKS CIR.
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

PO BOX 1326
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-3605261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, DON
3509 SAM ALLEN OAKS CIR.
PLANT CITY, FL 33565 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: T () Delete
Name: SITZE, AMY
Address: 3325 SAM ALLEN OAKS CIR.
City-St-Zip: PLANT CITY, FL 33565

Title: P () Delete
Name: GAUDENS, HENRY
Address: 3333 SAM ALLEN OAKS CIR.
City-St-Zip: PLANT CITY, FL 33565

Title: S () Delete
Name: JARVIS, LINDA
Address: 3414 SAM ALLEN OAKS CIR.
City-St-Zip: PLANT CITY, FL 33565

Title: VPD () Delete
Name: ROTH, DON
Address: 3509 SAM ALLEN OAKS CIR.
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: BUTTORFF, CHRISTA
Address: 3502 SAM ALLEN OAKS CIR.
City-St-Zip: PLANT CITY, FL 33565

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: AMY SITZE

T

03/03/2008

Electronic Signature of Signing Officer or Director

Date