

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90136 036 ****61.25

DOCUMENT # N99000004169

1. Entity Name

SAM ALLEN OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3314 SAM ALLAN OAKS CIRCLE
PLANT CITY FL 33565

Mailing Address

3314 SAM ALLAN OAKS CIRCLE
PLANT CITY FL 33565

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3509 SAM ALLEN OAKS CIRCLE P.O. BOX 1326

City & State

PLANT CITY, FL.

City & State

PLANT CITY, FLORIDA

Zip

33565

Country U.S.

~~FLORIDA~~

Zip

33564

Country U.S.

~~FLORIDA~~

6. Name and Address of Current Registered Agent

ARCHBELL, LARRY J
3314 SAM ALLAN OAKS CIRCLE
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

DON ROTH

Street Address (P.O. Box Number is Not Acceptable)

3509 SAM ALLEN OAKS CIRCLE

City

PLANT CITY

FL

Zip Code

33565

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

Don Roth TREASURER REGISTERED AGENT 1/20/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPARKMAN, PRESTON ☒ Delete
STREET ADDRESS 3321 SAM ALLEN OAKS CIRCLE
CITY-ST-ZIP PLANT CITY FL 33565

TITLE SD
NAME ROTH, DON ☐ Delete
STREET ADDRESS 2208 VILLAGE AT PARK ROAD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE TD
NAME ARCHBELL, LARRY J ☒ Delete
STREET ADDRESS 3314 SAM ALLEN OAKS CIRCLE
CITY-ST-ZIP PLANT CITY FL 33565

TITLE VPD
NAME JOHNSON, ERIC ☒ Delete
STREET ADDRESS 206 CRAFT ROAD
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME MARK HEATON
STREET ADDRESS 3305 SAM ALLEN OAKS CIRCLE
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE TD ☒ Change ☐ Addition
NAME DON ROTH
STREET ADDRESS 3509 SAM ALLEN OAKS CIRCLE
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE SD ☐ Change ☒ Addition
NAME AMY SITZE
STREET ADDRESS 3325 SAM ALLEN OAKS CIRCLE
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE VPD ☐ Change ☒ Addition
NAME TRACI WALDING
STREET ADDRESS 3525 SAM ALLEN OAKS CIRCLE
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Don Roth TREASURER 2002/2003 1/20/2003 813-719-7608

CR2E037 (10/02)