

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33490

**Entity Name:** SOUTH OAKS HOMEOWNERS' ASSOCIATION OF  
MELBOURNE, INC.**Current Principal Place of Business:**JEFFREY G. THOMPSON, P.A.  
1329 BEDFORD DR  
MELBOURNE, FL 32940**Current Mailing Address:**JEFFREY G. THOMPSON, P.A.  
1329 BEDFORD DR  
MELBOURNE, FL 32940 US**FEI Number:** 59-2952558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, JEFFREY G PA  
1329 BEDFORD DRIVE  
MELBOURNE, FL 32904 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MCCURRY, WILMA  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            TREASURER  
Name           SAMWAYS, JUDITH  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            SECRETARY  
Name           SHEEHAN, VIOLETTE G  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name           MCCARTHY, SARA  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name           MARLAR, MICHAEL  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            VP  
Name           HILL, KATHERINE  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name           STOIO, LENORE  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name           FIGURA, MILDRED  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

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*I hereby 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 all other like empowered.*

**SIGNATURE:** WILMA MCCURRY

PRESIDENT

04/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | LEISTIKOW, LEWIS      |
| Address         | 6972 LAKE GLORIA BLVD |
| City-State-Zip: | ORLANDO FL 32809      |