

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2009  
Secretary of State**

DOCUMENT# 751181

Entity Name: THE OAKS UNIT II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16105 N FLORIDA  
STE A  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

16105 N FLORIDA  
STE A  
LUTZ, FL 33549 US

**New Mailing Address:**

FEI Number: 59-2072303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MEZER, STEVEN  
1801 N. HIGHLAND AVE.  
TAMPA, FL 33602 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: PD ( ) Delete  
Name: WEBER, RUSSEL J  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: VTD ( ) Delete  
Name: GREY, DIANE  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Delete  
Name: MITCHELL, TERRY L  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GREY, DIANE K  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: STD (X) Change ( ) Addition  
Name: CLOUSE, ROBERT  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

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: DIANE GREY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/09/2009

\_\_\_\_\_  
Date