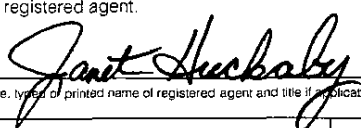


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

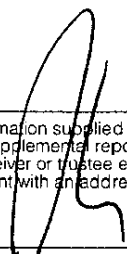
FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90082 028 ****61.25

DOCUMENT # 755793 1. Entity Name OAKMONT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business MANAGEMENT SERVICES OF AMERICA INC 639 EAST OCEAN AVENUE STE 204 BOYNTON BEACH, FL 33435 US			Mailing Address PO BOX 6143 DELRAY BEACH, FL 33484-0143 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUCKABY, JANET MANAGEMENT SERVICES OF AMERICA INC 639 EAST OCEAN AVENUE STE 204 BOYNTON BEACH, FL 33435				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		 Signature, typed or printed name of registered agent and title if applicable.		3-17-04 DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FULLER, PERRY		NAME		
STREET ADDRESS	2012 SW 36 AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	VD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	DREXLER, DEBORAH		NAME	Meyers, Cynthia	
STREET ADDRESS	2009 SW 36TH AVE		STREET ADDRESS	3500 SW 24 LN	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DeLray Beach, FL 33445	
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FISHER, JAMES		NAME		
STREET ADDRESS	3619 SW 23 ST		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PROVENZANO, JOSEPH		NAME		
STREET ADDRESS	1921 SW 36TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOORE, ROBERT		NAME		
STREET ADDRESS	3562 SW 23 STREET		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33435		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

 Joseph Provenzano

3/16/04 561736005