

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90015 013 ****61.25

DOCUMENT # 755793 1. Entity Name OAKMONT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 US			Mailing Address 8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2940383	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATION MANAGEMENT GROUP 8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437				7. Name and Address of New Registered Agent 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. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	S WALTERMIRE, MARTHA 2340 SOUTHWEST 35TH AVENUE DELRAY BEACH, FL 33445 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYERS, CYNTHIA 3500 SW 24 LN DELRAY BEACH, FL 33445 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Michael Turner 2033 SW 36th Avenue Delray Beach, FL 33445 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T3 GAVLICK, STANLEY 2144 SW 36 ST TERR DELRAY BEACH, FL 33445 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PROVENZANO, JOSEPH 1921 SW 36TH AVE DELRAY BEACH, FL 33445 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOORE, ROBERT 3562 SW 23 STREET DELRAY BEACH, FL 33435 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Joseph M Provenzano President 2/11/08 3614959391</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					