2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# 755793

Entity Name: OAKMONT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

P. O. BOX 83 2040
DELRAY BEACH, FL 33483 US

Current Mailing Address:

8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US

New Mailing Address:

P. O. BOX 83 2040
DELRAY BEACH, FL 33483 US

FEI Number: 59-2940383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LYMBURNER, SCOTT Q
555 BANYAN TREE LANE, #308
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

LYMBURNER, SCOTT
555 BANYAN TREE LANE,
#308
DELRAY BEACH, FL 33483 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: SCOTT LYMBURNER 06/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: WALTERMIRE, MARTHA
Address: 2340 SOUTHWEST 35TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: TURNER, MICHAEL
Address: 2033 SW 36TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: T ( ) Delete
Name: GAVLICK, STANLEY
Address: 2144 SW 36 ST TERR
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD ( ) Delete
Name: PROVENZANO, JOSEPH
Address: 1921 SW 36TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete
Name: MOORE, ROBERT
Address: 3562 SW 23 STREET
City-St-Zip: DELRAY BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCDUFFIE, CINDY
Address: 2364 SW 35TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOE PROVENZANO PRES 06/26/2009
Electronic Signature of Signing Officer or Director Date