# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2008 08:00 A**
**Secretary of State**

DOCUMENT # N00000000358

1. Entity Name
OAKMONT VILLAGE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| OAKMONT VILLAGE HOMEOWNERS ASSOCIATION<br>ROYAL PALM BEACH, FL 33411 | 6901 W OKEECHOBEE BLVD<br>M-1<br>WEST PALM BEACH, FL 33411 |

**DO NOT WRITE IN THIS SPACE**

03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1045127
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZMAN AND KORR, PA
1501 NW 49TH STREET
SUITE 202
FT. LAUDERDALE, FL 33309

**DO NOT WRITE IN THIS SPACE**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000866996
04/08/08-80051-024 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | EDWARDS, LARRY |
| STREET ADDRESS | 1719 ANNANDALE CIR |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 |
| TITLE | TD |
| NAME | STEVENS, LORRAINE |
| STREET ADDRESS | 1721 ANNANDALE CIR |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 |
| TITLE | VD |
| NAME | SOLOMON, ROBERT |
| STREET ADDRESS | 1729 ANNANDALE CIR |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 |
| TITLE | SD |
| NAME | BRODER, DONNA |
| STREET ADDRESS | 1775 ANNANDALE CIR |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Larry Edwards LARRY EDWARDS 3/23/08 561-798-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #