

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001787

FILED
Apr 23, 2009
Secretary of State

Entity Name: OAKS OF TIMACUAN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE. 5000
WINTER PARK, FL 32789

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
WINTER PARK, FL 32789

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 33-1007237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: LAZAR, GARY
Address: 101 SAND PINE LN
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: HYP SH, MELANIE
Address: 560 MASALO PL
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: WALKER, AMY
Address: 224 TIMACUAN OAKS CT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASSAB, CHARLES
Address: 8350 PARDEE
City-St-Zip: TAYOR, MI 48180

Title: VPD (X) Change () Addition
Name: HYP SH, STEVE
Address: 213 TIMACUAN OAKS CT
City-St-Zip: LAKE MARY, FL 32746

Title: SD (X) Change () Addition
Name: LAZAR, BARBARA
Address: 217 TIMACUAN OAKS CT
City-St-Zip: LAKE MARY, FL 32746

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: CHARLES MASSAB

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date