
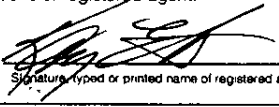


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90013 050 ****61.25

DOCUMENT # N05000001307 1. Entity Name OAKWOOD KNOLL HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		Mailing Address 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	
2. Principal Place of Business - No P.O. Box # 5018 Greenbrook Ln		3. Mailing Address P.O. Box 5284	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33811		Zip 33811	
Country US		Country 	
6. Name and Address of Current Registered Agent HARPER, PAUL SEAN 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Kay Elliott Street Address (P.O. Box Number is Not Acceptable) 5018 Greenbrook Lane City Lakeland FL Zip Code 33811	
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 4/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HARPER, PAUL SEAN 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dean Davis 5686 Oakwood Knoll Dr Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARPER, ROBERT F III 1420 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sandra Carriaga 5782 Oakwood Knoll Dr Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REEBER, CHARLES H 5903 BRECKENRIDGE PARKWAY SUITE B TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jonathan Smallwood 5680 Oakwood Knoll Dr Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Boryk 6508 Oakwood Knoll Dr Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edwin Cortez 5673 Oakwood Knoll Dr Lakeland FL 33811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4/25/07 863647-1738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #