

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90044 001 \*\*\*\*61.25



**DOCUMENT # N18466**  
 1. Entity Name  
 OAK KNOLL II AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
 6915 TAFT ST  
 HOLLYWOOD, FL 33024

Mailing Address  
 6915 TAFT ST  
 HOLLYWOOD, FL 33024



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03302007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 65-0039075

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 INKLEBARGER, JAMES W  
 2321 S.W. 98TH TERRACE  
 FT. LAUDERDALE, FL 33324

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	INKLEBARGER, JAMES	
STREET ADDRESS	2321 SW 98 TERR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GONSALVES, JANE	
STREET ADDRESS	9910 S.W. 23RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREVOR SHINN	
STREET ADDRESS	2240 SW 98 TER	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INKLEBARGER, JAMES	
STREET ADDRESS	2321 SW 98 TER	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIM NOWELL	
STREET ADDRESS	2300 SW 98 TER	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYEL HAAK	
STREET ADDRESS	2241 SW 98 TER	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *X T B L* *TREVOR B SHINN* *4/2/07* *786215 6029*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #