

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18466

FILED
Mar 04, 2008
Secretary of State

Entity Name: OAK KNOLL II AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6915 TAFT ST
HOLLYWOOD, FL 33024

New Principal Place of Business:

6530 GRIFFIN ROAD
SUITE 104
DAVIE, FL 33060

Current Mailing Address:

6915 TAFT ST
HOLLYWOOD, FL 33024

New Mailing Address:

PO BOX 221
8930 STATE ROAD 84
DAVIE, FL 33324

FEI Number: 65-0039075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INKLEBARGER, JAMES W
2321 S.W. 98TH TERRACE
FT. LAUDERDALE, FL 33324 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: VP () Delete
Name: INKLEBARGER, JAMES
Address: 2321 SW 98 TERR
City-St-Zip: DAVIE, FL 33324

Title: P () Delete
Name: SHINN, TREVOR
Address: 2240 SW 98 TERR
City-St-Zip: DAVIE, FL 33324

Title: S () Delete
Name: NOWELL, KIM
Address: 2300 SW 98 TERR
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: NAAOK, MEYEL
Address: 2241 SW 98 TERR
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JANE BOLIN FOR FPS

DIR

03/04/2008

Electronic Signature of Signing Officer or Director

_____ Date