2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2009
Secretary of State

DOCUMENT# N00000001710

Entity Name: OAKSHIRE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2823 ALTON DR.
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 770694
ORLANDO, FL 32877 US

New Mailing Address:

FEI Number: 59-3700403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERNABE MANAGEMENT SERVICE
2823 ALTON DR
KISSIMMEE, FL 34741 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: HUERTAS, SANTIAGO
Address: 14357 BABYLON WAY
City-St-Zip: ORLANDO, FL 32824 US

Title: VD ( ) Delete
Name: LOPEZ, EDWARD
Address: 14337 OAKSHIRE BLVD
City-St-Zip: ORLANDO, FL 32824 US

Title: TD ( ) Delete
Name: TOLEDO, JUAN
Address: 1017 ADELPHI LN
City-St-Zip: ORLANDO, FL 32824 US

Title: SD ( ) Delete
Name: GUTIERREZ, JOSE
Address: 931GIRARD DR
City-St-Zip: ORLANDO, FL 32824 US

Title: D (X) Delete
Name: ALNULFO, NIEVES
Address: 14410 OAKSHIRE BLVD
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EDWARD, LOPEZ
Address: P. O. BOX 770694
City-St-Zip: ORLANDO, FL 32877 US

Title: VD (X) Change ( ) Addition
Name: TOLEDO, JUAN
Address: P. O. BOX 770694
City-St-Zip: ORLANDO, FL 32877 US

Title: TD (X) Change ( ) Addition
Name: NIEVES, ALNULFO
Address: P. O. BOX 770694
City-St-Zip: ORLANDO, FL 32877 US

Title: SD (X) Change ( ) Addition
Name: MANLEY, RENARD
Address: P. O. BOX 770694
City-St-Zip: ORLANDO, FL 32877 US

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: EDWARD LOPEZ P 06/05/2009

Electronic Signature of Signing Officer or Director — Date