

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757523

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC2113011414**

**Entity Name:** OAKMONT AT INDIAN SPRING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

OAKMONT AT INDIAN SPRINGS  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

50 SE 4TH AVE  
DELRAY BEACH, FL 33483

**FEI Number: 59-2083896**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SECURE PROPERTY MANAGEMENT GROUP  
50 S.E. 4TH AVE  
DELRAY BEACH, FL 33483 US

*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

**Officer/Director Detail :**

Title P  
Name RUBIO, LUIS  
Address 5293 STONYBROOK DR  
City-State-Zip: BOYNTON BEACH FL 33437

Title T  
Name OGUSHOFF, JOE  
Address 11158 STONYBROOK LANE  
City-State-Zip: BOYNTON BEACH FL 33437

Title S  
Name MATTHEW, KRASNER  
Address 11134 STONYBROOK LANE  
City-State-Zip: BOYNTON BEACH FL 33437

Title D  
Name FISHBANE, STANLEY  
Address 11126 STONYBROOK LANE  
City-State-Zip: BOYNTON BEACH FL 33437

*I hereby 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 all other like empowered.*

**SIGNATURE: LUIS RUBIO**

**PRESIDENT**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date