

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742624

FILED
Apr 07, 2009
Secretary of State

Entity Name: THE OAKS OF TARPON WOODS, INC.

Current Principal Place of Business:

251 WINDWARD PASSAGE
STE F
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

251 WINDWARD PASSAGE
STE F
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-1985913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIM NOBLES MANAGEMENT INC
251 WINDWARD PASSAGE
STE F
CLEARWATER, FL 33767 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: MOUNSEY, JOHN
Address: 1000 TARPON WOODS BLVD., #602
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD () Delete
Name: RUDKIN, JEFF
Address: 1000 TARPON WOODS BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: DT () Delete
Name: MCEVILEY, MIKE
Address: 1000 TARPON WOODS BLVD # 304
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOUNSEY, JOHN
Address: 1000 TARPON WOODS BLVD., #602
City-St-Zip: PALM HARBOR, FL 34685 US

Title: VPD (X) Change () Addition
Name: RUDKIN, JEFF
Address: 1000 TARPON WOODS BLVD. #402
City-St-Zip: PALM HARBOR, FL 34685 US

Title: TSD (X) Change () Addition
Name: MCEVILEY, MIKE
Address: 1000 TARPON WOODS BLVD # 304
City-St-Zip: PALM HARBOR, FL 34685

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: JOHN MOUNSEY

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date