
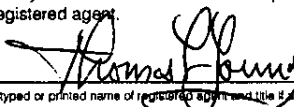
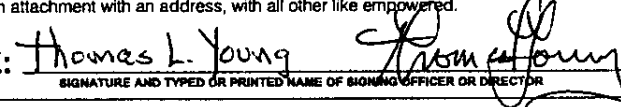


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90006 028 \*\*\*\*61.25

<b>DOCUMENT # 746278</b> 1. Entity Name <b>OAKRUN SUBDIVISION ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>7408 OAK RUN LANE SARASOTA, FL 34243</b>			Mailing Address <b>P.O. BOX 441 TALLEVAST, FL 34270-0441</b>		
2. Principal Place of Business - No P.O. Box # <b>4718 OAK RUN DR.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>SARASOTA FL</b>		City & State Suite, Apt. #, etc.			
Zip <b>34243</b>		Country <b>FLORIDA</b>		4. FEI Number <b>59-2317152</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KETTLES, CINDY PRES 7408 OAK RUN LANE SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name <b>THOMAS L. YOUNG</b> Street Address (P.O. Box Number is Not Acceptable) <b>4718 OAK RUN DR.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34243</b>		
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 <b>3/13/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES KETTLES, CINDY 7408 OAK RUN LANE SARASOTA, FL 34243</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TUCKERMAN, PETER 4729 OAK RUN DR. SARASOTA FL 34243</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRES GULLICK, RENEE 4722 OAK RUN DRIVE SARASOTA, FL 34243</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T YOUNG, THOMAS L. 4718 OAK RUN DR. SARASOTA FL 34243</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LENZ, DAVE 7320 OAK RUN LANE SARASOTA, FL 34243</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SWETZ, DAVID 4717 OAK RUN DR SARASOTA FL 34243</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC BOGARD, ANDREA 4604 OAK RUN DRIVE SARASOTA, FL 34243</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERREIRA, CHERYL 4744 OAK RUN DR SARASOTA FL 34243</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			3/13/08 941-351-1190 <small>Date Daytime Phone #</small>		