

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749310

FILED
Apr 16, 2009
Secretary of State

Entity Name: OAK SHADOWS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

646 EAST COLONIAL DR
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

646 EAST COLONIAL DR
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2151782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAN & MALCHOW, P.A.
646 EAST COLONIAL DR
ORLANDO, FL 32803 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: DP () Delete
Name: STALEY, LUETTA
Address: 2808 N. POWERS DR. #52
City-St-Zip: ORLANDO, FL 32818

Title: DV () Delete
Name: MYERS, SUE
Address: 2800 N. POWERS DR. #6
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: KRESSLER, MARY
Address: 2852 N POWERS DR. #87
City-St-Zip: ORLANDO, FL 32818

Title: DS () Delete
Name: MALM, LUCINDA
Address: 2810 N POWERS DR. #56
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: NOLDEN, WARREN
Address: 2854 N POWERS DR. #96
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: ROBINSON, TINISHA
Address: 2854 N. POWERS DR. #94
City-St-Zip: ORLANDO, FL 32818

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:

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: LUETTA STALEY

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date