

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749310

FILED
Feb 18, 2010
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
Name: STALEY, LUETTA
Address: 2808 N. POWERS DR. #52
City-St-Zip: ORLANDO, FL 32818

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

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

Title: DS
Name: CRUZ, LAURA
Address: 2806 N POWERS DR. #43
City-St-Zip: ORLANDO, FL 32818

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

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

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: LUETTA STALEY

DP

02/18/2010

Electronic Signature of Signing Officer or Director

Date