

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749310

FILED
Apr 04, 2012
Secretary of State

Entity Name: OAK SHADOWS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2800 N POWERS DRIVE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

2800 N POWERS DRIVE
ORLANDO, FL 32818

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:

OAK SHADOWS CONDOMINIUMS
2800 N POWERS DRIVE
ORLANDO, FL 32818 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: EVANSON, CECIL
Address: 2856 N. POWERS DR. #113
City-St-Zip: ORLANDO, FL 32818

Title: DV
Name: STALEY, LUETTA
Address: 2808 N. POWERS DR. #52
City-St-Zip: ORLANDO, FL 32818

Title: DT
Name: MARCHANY, RENE
Address: 2854 N POWERS DR. #93
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: ORTEGA, JOSE
Address: 2808 N. POWERS DR. #45
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

DV

04/04/2012

Electronic Signature of Signing Officer or Director

Date