

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90015 016 ****61.25

DOCUMENT # 750994

1. Entity Name

OAK GROVE HOME OWNERS, INC.



Principal Place of Business

320 IVANHOE CIR.
LADY LAKE FL 32159-3824

Mailing Address

320 IVANHOE CIR.
LADY LAKE FL 32159-3824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1976935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

HOLDEN, ANTHONY
342 IVANHOE CIR.
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Anthony Holden

01-31-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOWELL, BAXTON ☐ Delete
STREET ADDRESS 324 IVANHOE CIRCLE
CITY-ST-ZIP LADY LAKE FL 32159

TITLE S
NAME PAULSON, BARBARA ☐ Delete
STREET ADDRESS IVANHOE CIR.
CITY-ST-ZIP LADY LAKE FL 32159

TITLE V
NAME KESSEL, CHARLIE ☒ Delete
STREET ADDRESS 356 IVANHOE CIR.
CITY-ST-ZIP LADY LAKE FL 32159

TITLE P
NAME HOLDEN, TONY ☐ Delete
STREET ADDRESS 342 IVANHOE CIRCLE
CITY-ST-ZIP LADY LAKE FL 32159

TITLE T
NAME SHARON, KAPID ☐ Delete
STREET ADDRESS 344 IVANHOE CIRCLE
CITY-ST-ZIP LADY LAKE FL 32159

TITLE D
NAME FERRIELL, ROBERT ☐ Delete
STREET ADDRESS 329 IVANHOE CIRCLE
CITY-ST-ZIP LADY LAKE FL 32159

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V.P. Saxon ☒ Change ☐ Addition
NAME
STREET ADDRESS 326
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 358 IVANHOE CIR ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE D DOUG LOCKARD ☐ Change ☒ Addition
NAME
STREET ADDRESS 301 SHEERWOOD DR
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME KAPID ☒ Change ☐ Addition
STREET ADDRESS 360
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sharon Kapid* SHARON KAPID

01-31-04

352-259-2289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #