

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750994

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: OAK GROVE HOME OWNERS, INC.

## Current Principal Place of Business:

320 IVANHOE CIR.  
LADY LAKE, FL 321593824

## New Principal Place of Business:

## Current Mailing Address:

320 IVANHOE CIR.  
LADY LAKE, FL 321593824

## New Mailing Address:

FEI Number: 59-1976935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAPIO, SHARON  
360 IVANHOE CIRCLE  
LADY LAKE, FL 32159 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: D ( ) Delete  
Name: DAVIS, CARL  
Address: 324 IVANHOE CIRCLE  
City-St-Zip: LADY LAKE, FL 32159

Title: S ( ) Delete  
Name: PAULSON, BARBARA  
Address: 358 IVANHOE CIR.  
City-St-Zip: LADY LAKE, FL 32159

Title: D ( ) Delete  
Name: STEWART, DEAN  
Address: 318 IVANHOE CIRCLE  
City-St-Zip: LADY LAKE, FL 32159

Title: P ( ) Delete  
Name: HOLDEN, TONY  
Address: 342 IVANHOE CIRCLE  
City-St-Zip: LADY LAKE, FL 32159

Title: T ( ) Delete  
Name: KAPO, SHARON  
Address: 360 IVANHOE CIR.  
City-St-Zip: LADY LAKE, FL 32159

Title: VP ( ) Delete  
Name: TALLARICO, JEAN  
Address: 348 IVANHOE CIRCLE  
City-St-Zip: LADY LAKE, FL 32159

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FOTH, KRIS  
Address: 344 IVANHOE CIR.  
City-St-Zip: LADY LAKE, FL 32159

Title: D (X) Change ( ) Addition  
Name: FERRIELL, ROBERT  
Address: 329 IVANHOE CIRCLE  
City-St-Zip: LADY LAKE, FL 32159

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: SHARON KAPO

SEC

02/11/2009

Electronic Signature of Signing Officer or Director

Date