


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90232 019 \*\*\*\*61.25

<b>DOCUMENT # 753382</b>					
1. Entity Name <b>OAKS ROYAL MOBILE HOME SUBDIVISION HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5337 ASTRID DRIVE ZEPHYRHILLS, FL 33541</b>		Mailing Address <b>5337 ASTRID DRIVE ZEPHYRHILLS, FL 33541</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2232668</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CLARK, CONSTANCE M 5312 SEVILLE DR. ZEPHYRHILLS, FL 33541</b>			Name <b>Joseph Bleakney</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>36436 CORDOVA CIRCLE</b>		
			City <b>Zephyrhills</b> <b>FL</b> Zip Code <b>33541</b>		
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 <i>Joseph Bleakney</i> <b>Joseph BLEAKNEY, Treasurer</b> <b>4/29/08</b> <small>Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLE, LYLE 5309 MONTEGO DR. ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACK KOLE 5311 ASTRID DRIVE Zephyrhills, FL 33541-2072	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTON, DAVID 5240 ASTRID DR. ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joseph Bleakney 36436 CORDOVA CIRCLE Zephyrhills, FL 33541-2011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANNON, LEE E 5347 MONTEGO DR ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETER TURGEON 36401 CORONET WAY Zephyrhills, FL 33541-0759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, CONSTANCE 5312 SEVILLE DR. ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST V CHUCK SANDUSKY 36313 CORDONET WAY Zephyrhills, FL 33541-2079	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, MADONNA 5248 ANTIQUA DRD ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND V MERLE PEABOCK 5319 MONTEGO DRIVE Zephyrhills, FL 33541-2039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, BERNARD 36328 CORONADO ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT FINICH 5244 VENTURA DRIVE Zephyrhills, FL 33541-8252	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>CONTINUING</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Joseph Bleakney</i> Joseph BLEAKNEY</b> <b>4/29/08</b> <b>813-788-5328</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

Deletion

Priscille Roy  
5241 Seville Drive  
Zephyrhills, FL 33541

40090858  
#753382