2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 754673

1. Entity Name
OAK KNOLLS ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6093 HILBURN RD. PENSACOLA, FL 32504	6093 HILBURN RD. PENSACOLA, FL 32504

01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2168771
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, WILLIAM D
6093 HILBURN ROAD
PENSACOLA, FL 32504

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BOWMAN, WILLIAM D
STREET ADDRESS	6093 HILBURN ROAD
CITY-ST-ZIP	PENSACOLA, FL
TITLE	STD
NAME	BOWMAN, ANNE
STREET ADDRESS	6093 HILBURN RD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	DV
NAME	JAMES, MICKEY
STREET ADDRESS	6057 HILBIRN RD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	DV
NAME	EAGERTON, ROGER
STREET ADDRESS	6055 HILBURN RD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000005860
01/16/04-80008-003 61.25

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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: Anne H Bowman Sec/Pres. 1-12-04 850-479-3917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #