

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 754673

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



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

Mailing Address
**6093 HILBURN RD.
PENSACOLA, FL 32504**



01312007 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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04/24/07-80126-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *William D. Bowman* / **WILLIAM D. BOWMAN**

4/6/07
Date

850-479-3917
Daytime Phone #