

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757523

FILED
Apr 02, 2009
Secretary of State

Entity Name: OAKMONT AT INDIAN SPRING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5995 BANNOCK TERR
BOYNTON BCH, FL 33437

New Principal Place of Business:

Current Mailing Address:

5995 BANNOCK TERR
BOYNTON BCH, FL 33437

New Mailing Address:

FEI Number: 59-2083896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD O'CONNELL/CRYSTAL COMM MGMT
5995 BANNOCK TERR.
BOYNTON BCH., FL 33437 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: FISHBANE, STANLEY
Address: 11126 STONYBROOK LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P () Delete
Name: BLITZ, MARVIN
Address: 11166 STONYBROOK LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ST () Delete
Name: OGUSHOFF, JOE
Address: 11158 STONYBROOK LN.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V () Delete
Name: BUCKSTEIN, HERMAN
Address: 11142 STONYBROOK LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: NIAD, LESTER
Address: 11190 STONYBROOK LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D (X) Delete
Name: DEVINE, JEAN
Address: 5293 STONYBROOK DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARVIN BLITZ

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date