


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767486 1. Entity Name LITHIA OAKS PROPERTY OWNERS ASSOCIATION, INC.	
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FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 3007 WISTER CIRCLE VALRICO, FL 33594	Mailing Address 3007 WISTER CIRCLE VALRICO, FL 33594
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07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2951165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBINSON, CAROL
 3007 WISTER CIRCLE
 VALRICO, FL 33594

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ROBINSON, ROBERT
STREET ADDRESS	3007 WISTER CIRCLE
CITY - ST - ZIP	VALRICO, FL
TITLE	T
NAME	HOLCOMBE, J. MARIE
STREET ADDRESS	3005 WISTER CIRCLE
CITY - ST - ZIP	VALRICO, FL
TITLE	D
NAME	NORVELL, DAVID
STREET ADDRESS	2015 WILTON LANE
CITY - ST - ZIP	VALRICO, FL
TITLE	D
NAME	DIXON, WILLIAM
STREET ADDRESS	2104 DOEFIELD COURT
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	D
NAME	HAMM, BARBARA
STREET ADDRESS	3013 WILTON LANE
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	S
NAME	GARZON, SUSAN
STREET ADDRESS	3038 WISTER CIR.
CITY - ST - ZIP	VALRICO, FL 33594

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07/14/08-80004-014 61.25

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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: Susan Garzon **Susan Garzon** 7-10-08 813-571-5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #