

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90001 036 ****61.25

DOCUMENT # 770820

1. Entity Name
OAK TREE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 242
OKEECHOBEE, FL 34973-0242

Mailing Address
P.O. BOX 242
OKEECHOBEE, FL 34973-0242



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152003

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0006659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, JAY S ESQ
2500 NORTH MILITARY TRAIL
~~SUITE 400~~
BOCA RATON, FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 283

City

FL

Zip Code

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
NAME KILGORE SR., LARRY R
STREET ADDRESS P.O. BOX 242
CITY-ST-ZIP OKEECHOBEE, FL 34973 ☐ Delete

TITLE P
NAME MOBLEY, ROBERT
STREET ADDRESS P O BOX 242
CITY-ST-ZIP OKEECHOBEE, FL 349730242 ☐ Delete

TITLE S
NAME DEVERMAN, ANN M
STREET ADDRESS P.O. BOX 242
CITY-ST-ZIP OKEECHOBEE, FL 349730242 ☒ Delete

TITLE AS
NAME RYE, JAMIE K
STREET ADDRESS P O BOX 242
CITY-ST-ZIP OKEECHOBEE, FL 349730242 ☒ Delete

TITLE T
NAME ROWLAND, KIM
STREET ADDRESS P O BOX 242
CITY-ST-ZIP OKEECHOBEE, FL 349730242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP
NAME DWAYNE BLAIR
STREET ADDRESS P.O. BOX 242
CITY-ST-ZIP OKEECHOBEE, FL 34973-0242 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08 863-634-7489

Date

Daytime Phone #