

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770820

FILED
Jan 21, 2009
Secretary of State

Entity Name: OAK TREE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 242
OKEECHOBEE, FL 349730242

New Principal Place of Business:

2355 SW 28TH STREET
OKEECHOBEE, FL 34974

Current Mailing Address:

P.O. BOX 242
OKEECHOBEE, FL 349730242

New Mailing Address:

FEI Number: 65-0006659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY S ESQ
2500 NORTH MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431 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: KILGORE SR., LARRY R
Address: P.O. BOX 242
City-St-Zip: OKEECHOBEE, FL 34973

Title: P () Delete
Name: MOBLEY, ROBERT
Address: P O BOX 242
City-St-Zip: OKEECHOBEE, FL 349730242

Title: T () Delete
Name: ROWLAND, KIM
Address: P O BOX 242
City-St-Zip: OKEECHOBEE, FL 349730242

Title: VP () Delete
Name: DWAYNE, BLAIR
Address: P.O. BOX 242
City-St-Zip: OKEECHOBEE, FL 349730242

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP (X) Change () Addition
Name: BLAIR, DWAYNE
Address: P.O. BOX 242
City-St-Zip: OKEECHOBEE, FL 349730242

Title: S () Change (X) Addition
Name: MOBLEY, JUDY
Address: P.O. BOX 242
City-St-Zip: OKEECHOBEE, FL 349730242

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: ROBERT MOBLEY

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date