

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90279 020 ****70.00

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1. Entity Name

OAK MEADOW HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

CLIFTON FINANCIAL
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH FL 32114
US

Mailing Address

CLIFTON FINANCIAL
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH FL 32114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6787315

Applied For

Not Applicable

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

CLIFTON FINANCIAL SERVICES, INC.
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH FL 32114

Name

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D ☐ Delete
NAME GONZALEZ, EDWIN
STREET ADDRESS 810 HAMLIN DRIVE
CITY-ST-ZIP S DAYTONA FL 32119

TITLE VP ☐ Delete
NAME BEAM, DEBBIE
STREET ADDRESS 2106 OAK MEADOW CIRCLE
CITY-ST-ZIP S DAYTONA FL 32119

TITLE TD ☐ Delete
NAME SHIELDS, DAN
STREET ADDRESS 3294 SPRUCE CREEK GLEN
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE PD ☐ Delete
NAME CLIFTON, SHERRY
STREET ADDRESS 2134 POPE AVE.
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE SM ☐ Delete
NAME CLIFTON, RONALD D
STREET ADDRESS 1326 S RIDGEWOOD AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ Delete
NAME JOSLYN, CAROL
STREET ADDRESS 3757 LONG GROVE LANE
CITY-ST-ZIP PORT ORANGE FL 32129

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☒ Change ☐ Addition
NAME GONZALEZ, EDWIN
STREET ADDRESS 810 HAMLIN DR
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

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

TITLE Director ☒ Change ☐ Addition
NAME SHIELDS, DAN
STREET ADDRESS 3294 SPRUCE CREEK GLEN
CITY-ST-ZIP DAYTONA BEACH, FL 32124

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

1-23-06