

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90063 001 ****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**

400060000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007

Chg-NP

CR2E037 (12/06)

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☐ Delete
NAME **T**
STREET ADDRESS **GONZALES, EDWIN**
CITY-ST-ZIP **810 HAMLIN DR
S DAYTONA, FL 32119**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **DT**
STREET ADDRESS **GONZALES, EDWIN**
CITY-ST-ZIP **810 HAMLIN DR
S. DAYTONA, FL 32119**

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Joseph Monte**
CITY-ST-ZIP **2085 Oak Meadow Cir.
So. Daytona FL 32119**

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

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

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 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:

Sherry K. Clifton Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/07 (386) 767-0936
Date Daytime Phone