

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771273

FILED
Mar 04, 2009
Secretary of State

Entity Name: OAK MEADOW HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6787315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLIFTON FINANCIAL SERVICES, INC.
1326 S RIDGEWOOD AVE #14
DAYTONA BEACH, FL 32114 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: ST () Delete
Name: CIAVERELLI, ALENE S
Address: 2021 OAK MEADOW CIR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: MONTE, JOSEPH
Address: 2085 OAK MEADOW CIR
City-St-Zip: S DAYTONA, FL 32119

Title: D () Delete
Name: SHIELDS, DAN
Address: 3294 SPRUCE CREEK GLEN
City-St-Zip: DAYTONA BEACH, FL 32124

Title: PD () Delete
Name: CLIFTON, SHERRY
Address: 2134 POPE AVE.
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: SM () Delete
Name: CLIFTON, RONALD D
Address: 1326 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: KIRVAN, DIANE
Address: 5771 WOODCLIFF RD
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: CIAVERELLI, ALENE S
Address: 2021 OAK MEADOW CIR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KIRVAN, DIANE
Address: 5771 WOODCLIFF RD
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FARRUGGIO, PHILLIP
Address: 519 SUNLAKE DR
City-St-Zip: PORT ORANGE, FL 32127

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: RONALD D. CLIFTON, JR

SM

03/04/2009

Electronic Signature of Signing Officer or Director

Date