

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000000358**

1. Entity Name  
**OAKMONT VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**OAKMONT VILLAGE HOMEOWNERS ASSOCIATION  
ROYAL PALM BEACH, FL 33411**

Mailing Address

**6901 W OKEECHOBEE BLVD  
M-1  
WEST PALM BEACH, FL 33411**



03242008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1045127**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KATZMAN AND KORR, PA  
1501 NW 49TH STREET  
SUITE 202  
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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**

**000000866996  
04/08/08-80051-024 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME EDWARDS, LARRY  
STREET ADDRESS 1719 ANNANDALE CIR  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE TD  
NAME STEVENS, LORRAINE  
STREET ADDRESS 1721 ANNANDALE CIR  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE VD  
NAME SOLOMON, ROBERT  
STREET ADDRESS 1729 ANNANDALE CIR  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE SD  
NAME BRODER, DONNA  
STREET ADDRESS 1775 ANNANDALE CIR  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *Larry Edwards*

**LARRY EDWARDS**

**3/23/08**

**561-798-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #