2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N00000000358

Entity Name: OAKMONT VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

OAKMONT VILLAGE HOMEOWNERS ASSOCIATION
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1045127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: PD ( ) Delete
Name: EDWARDS, LARRY
Address: 1719 ANNANDALE CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD ( ) Delete
Name: STEVENS, LORRAINE
Address: 1721 ANNANDALE CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD ( ) Delete
Name: SOLOMON, ROBERT
Address: 1729 ANNANDALE CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD ( ) Delete
Name: BRODER, DONNA
Address: 1775 ANNANDALE CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

Title: D ( ) Change (X) Addition
Name: SCHUESSLER, BRIAN
Address: 1767 ANNANDALE CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: LARRY EDWARDS PD 02/06/2009

Electronic Signature of Signing Officer or Director — Date