

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003558

FILED
Jan 11, 2007
Secretary of State

Entity Name: OAKMONT HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

903 HAYS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

903 HAYS STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3663157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMPSON, JAMES
903 HAYS STREET
TALLAHASSEE, FL 32301 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: HAMPSON, JAMES E
Address: 903 HAYS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: TRAMMELL, KAY
Address: 907 HAYS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ELLEN, WINSLOW
Address: 905 HAYS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: O'CONNER, JANET
Address: 901 HAYS STREET
City-St-Zip: TALLAHASSEE, FL 32301

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES E. HAMPSON

PD

01/11/2007

Electronic Signature of Signing Officer or Director

Date