


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90013 047 ****61.25

DOCUMENT # N01000005456 1. Entity Name OAKS & MEADOWS-NORTH OWNERS ASSOCIATION, INC.			
Principal Place of Business 12910 W. HWY 328 OCALA, FL 34482		Mailing Address 12910 W. HWY 328 OCALA, FL 34482	
2. Principal Place of Business - No P.O. Box # 12898 W HWY 328		3. Mailing Address 12898 W HWY 328	
Suite, Apt. #, etc. 0		Suite, Apt. #, etc. 0	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34482		Zip 34482	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, DOROTHY 12910 W. HWY 328 OCALA, FL 34482		7. Name and Address of New Registered Agent Name Kirk, Lisa Street Address (P.O. Box Number is Not Acceptable) 12898 W HWY 328 City Ocala FL Zip Code 34482	
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 X Lisa Kirk 2/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	HENRY, DOROTHY		
STREET ADDRESS	12910 W. HWY 328		
CITY-ST-ZIP	OCALA, FL 34482		
TITLE	T	<input checked="" type="checkbox"/> Delete	
NAME	KIRK, LISA		
STREET ADDRESS	12898 W HWY 328		
CITY-ST-ZIP	OCALA, FL 34482		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kirk, Lisa		
STREET ADDRESS	12898 W HWY 328		
CITY-ST-ZIP	Ocala, FL 34482		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Dorothy Henry		
STREET ADDRESS	12910 W HWY 328		
CITY-ST-ZIP	Ocala, FL 34482		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X Lisa Kirk 2/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			