

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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

<b>DOCUMENT # N01000005456</b>		
1. Entity Name <b>OAKS &amp; MEADOWS-NORTH OWNERS ASSOCIATION, INC.</b>		

Principal Place of Business 12910 W. HWY 328 OCALA, FL 34482	Mailing Address 12910 W. HWY 328 OCALA, FL 34482
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2. Principal Place of Business - No P.O. Box # <b>12898 W Hwy 328</b>	3. Mailing Address <b>12898 W Hwy 328</b>
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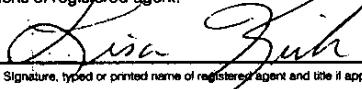
Suite, Apt. #, etc. <b>0</b>	Suite, Apt. #, etc. <b></b>
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City & State <b>Ocala, FL</b>	City & State <b>Ocala, FL</b>
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Zip <b>34482</b>	Country <b>USA</b>	Zip <b>34482</b>	Country <b>USA</b>
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6. 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 <b>Kirk, Lisa</b> Street Address (P.O. Box Number is Not Acceptable) <b>12898 W Hwy 328</b> City <b>Ocala</b>
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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.

 **2/26/07**  
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, 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
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, DOROTHY 12910 W. HWY 328 OCALA, FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kirk, Lisa 12898 W Hwy 328 Ocala, FL 34482</b>
<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRK, LISA 12898 W HWY 328 OCALA, FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dorothy Henry 12910 W Hwy 328 Ocala, FL 34482</b>
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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

 **2/26/07**  
SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #