

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

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000005456

1. Entity Name
**OAKS & MEADOWS-NORTH OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**12898 W. HWY 328
OCALA, FL 34482**

Mailing Address
**12898 W. HWY 328
OCALA, FL 34482**



03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRK, LISA
12898 W. HWY 328
OCALA, FL 34482**

**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**

**U00000869809
04/09/08-80064-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKFF, LISA 12898 W HWY 328 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRY, DOROTHY 12910 W HWY 328 OCALA, FL 34482
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: * *Lisa Kirk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-08

Date

352 873-8903

Daytime Phone #