

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90041 044 ****61.25

DOCUMENT # N01000008928 1. Entity Name OAK GARDENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11200 U.S. 27 SOUTH, LOT 27 SEBRING, FL 33876			Mailing Address C/O RICHARD A. JAMES 11200 US 27 SOUTH, LOT 21 SEBRING, FL 33876-8505		
2. Principal Place of Business - No P.O. Box # 122 QUIVER LEAF ST.		3. Mailing Address C/O RICHARD A. JAMES Suite, Apt. #, etc. 122 QUIVER LEAF ST.			
Suite, Apt. #, etc. 				02192008 Chg-NP CR2E037 (12/06)	
City & State SEBRING FL		City & State SEBRING FL		4. FEI Number 01-0551856	
Zip 33876		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JAMES, RICHARD A 11200 US HWY SOUTH- LOT #21 SEBRING, FL 33876			7. Name and Address of New Registered Agent Name JAMES, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 122 QUIVER LEAF ST. City SEBRING FL Zip Code 33876		
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 <u><i>Richard A. James</i></u> RICHARD A. JAMES <u>2/20/08</u> 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 ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, RICHARD A 11200 US HWY 27 SOUTH LOT #21 SEBRING, FL 33876	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, RICHARD A 122 QUIVER LEAF ST. SEBRING FL 33876	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGSTON, ANNE 11200 US 27 SOUTH #13 SEBRING, FL 33876	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DON GRUNWELL 137 QUIVER LEAF ST SEBRING, FL 33876	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLIFFORD, CHARLENE 11200 US HWY SOUTH LOT # 41 SEBRING, FL 33876	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLIFFORD, CHARLENE 105 QUIVER LEAF ST. SEBRING FL 33876	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, LINDA 11200 US 27 SOUTH 321 SEBRING, FL 33876	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, LINDA 122 QUIVER LEAF ST. SEBRING FL 33876	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u>RICHARD A. JAMES</u> <i>Richard A. James</i> <u>2-20-08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					