

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001787

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** OAKS OF TIMACUAN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR 434  
STE. 5000  
WINTER PARK, FL 32789

**New Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
WINTER PARK, FL 32789

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 33-1007237      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGEMENT INC.  
2180 W. SR 434, STE. 5000  
LONGWOOD, FL 327795044 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: LAZAR, GARY  
Address: 101 SAND PINE LN  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete  
Name: HYP SH, MELANIE  
Address: 560 MASALO PL  
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete  
Name: WALKER, AMY  
Address: 224 TIMACUAN OAKS CT  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MASSAB, CHARLES  
Address: 8350 PARDEE  
City-St-Zip: TAYOR, MI 48180

Title: VPD (X) Change ( ) Addition  
Name: HYP SH, STEVE  
Address: 213 TIMACUAN OAKS CT  
City-St-Zip: LAKE MARY, FL 32746

Title: SD (X) Change ( ) Addition  
Name: LAZAR, BARBARA  
Address: 217 TIMACUAN OAKS CT  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES MASSAB

PD

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date