

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

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90057 045 ****61.25

DOCUMENT # N02000002293

1. Entity Name
OKAHUMPKA OWNERS ASSOCIATION, INC.



Principal Place of Business
1801 S. KEENE RD.
CLEARWATER, FL 33756

Mailing Address
1801 S. KEENE RD.
CLEARWATER, FL 33756

40098680



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-1050361

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POWERS, JASON T
1801 S. KEENE RD.
CLEARWATER, FL 33756

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, JAMES J 1801 S KEENE RD HUNTSVILLE, TN 37756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROWN, GREG 1801 S KEENE RD HUNTSVILLE, TN 37756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROWN, JARED 1801 S KEENE RD HUNTSVILLE, TN 37756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-07