## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000002293

FILED Apr 23, 2009 Secretary of State

Entity Name: OKAHUMPKA OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1801 S. KEENE RD. CLEARWATER, FL 33756

Current Mailing Address: New Mailing Address:

1801 S. KEENE RD. CLEARWATER, FL 33756

FEI Number: 20-1050361 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

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:

Flateria Circulus (Dai des d'Asset

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 WHITE, JAMES J
 Name:
 WHITE, JAMES J

 Address:
 1801 S KEENE RD
 Address:
 1801 S KEENE RD

 City-St-Zip:
 HUNTSVILLE, TN 37756
 City-St-Zip:
 CLEARWATER, FL 37756

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: BROWN, GREG BROWN, GREG

 Address:
 1801 S KEENE RD
 Address:
 1801 S KEENE RD

 City-St-Zip:
 HUNTSVILLE, TN 37756
 City-St-Zip:
 CLEARWATER, FL 37756

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 BROWN, JARED
 Name:
 BROWN, JARED

 Address:
 1801 S KEENE RD
 Address:
 1801 S KEENE RD

 City-St-Zip:
 HUNTSVILLE, TN 37756
 City-St-Zip:
 CLEARWATER, FL 37756

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: JAMES J WHITE P 04/23/2009