


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N03000005334	
1. Entity Name OAK RUN HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.	

Principal Place of Business 7904 OAK RUN CIRCLE LAKELAND, FL 33809	Mailing Address PO BOX 91672 LAKELAND, FL 33804
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 90-0174682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NICHOLS, SHARON A 7904 OAK RUN CIRCLE LAKELAND, FL 33809
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEIGER, SEAN 7935 OAK RUN CIRCLE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WADE, JOHN 7927 OAK RUN CIRCLE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEIGER, BRANDY 7935 OAK RUN CIR LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDO, TEREY 7936 OAK RUN CIR LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, SHARON A 7904 OAK RUN CIRCLE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

100000892768
04/23/09-80079-007 61.25

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: 	4-7-08	813-581-7814
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>