

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005334

FILED
Mar 20, 2009
Secretary of State

Entity Name: OAK RUN HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

7904 OAK RUN CIRCLE
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

PO BOX 91672
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 90-0174682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, SHARON A
7904 OAK RUN CIRCLE
LAKELAND, FL 33809 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: P () Delete
Name: GEIGER, SEAN
Address: 7935 OAK RUN CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: V () Delete
Name: WADE, JOHN
Address: 7927 OAK RUN CIRCLE
City-St-Zip: LAKELAND, FL 33809

Title: S () Delete
Name: GEIGER, BRANDY
Address: 7935 OAK RUN CIR
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: LOMBARDO, TEREY
Address: 7936 OAK RUN CIR
City-St-Zip: LAKELAND, FL 33809

Title: T () Delete
Name: NICHOLS, SHARON A
Address: 7904 OAK RUN CIRCLE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON NICHOLS

T

03/20/2009

Electronic Signature of Signing Officer or Director

Date