

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 015 ****61.25

DOCUMENT # N03000006208 1. Entity Name OAK PRESERVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1925 E EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803		Mailing Address 1925 E EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803	
2. Principal Place of Business - No P.O. Box # <u>335 Havendale Blvd</u>		3. Mailing Address <u>335 Havendale Blvd</u>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <u>Auburndale FL</u>		City & State <u>Auburndale, FL</u>	
Zip <u>33823</u>		Zip <u>33823</u>	
Country <u>Polk</u>		Country <u>Polk</u>	
4. FEI Number 02-0715329		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 LADERER, EDWARD H JR. 1925 E EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name <u>Donald Baehr</u> Street Address (P.O. Box Number is Not Acceptable) <u>335 Havendale Blvd</u> City <u>Auburndale</u> FL <u>33823</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Donald E Baehr, EA</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <u>7/17/08</u> <small>DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>D</u> NAME <u>COLEMAN, BRADLEY</u> STREET ADDRESS <u>335 HAVENDALE BLVD</u> CITY-ST-ZIP <u>AUBURNDAL, FL 33823</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>P</u> NAME <u>Bryan Lacey</u> STREET ADDRESS <u>5007 OLIVERIA LOOP</u> CITY-ST-ZIP <u>WINTER HAVEN, FL 33880</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <u>VP</u> NAME <u>KIRKPATRICK, BILLY</u> STREET ADDRESS <u>335 HAVENDALE BLVD</u> CITY-ST-ZIP <u>AUBURNDAL, FL 33823</u>	<input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME <u>Barbara Theodorson</u> STREET ADDRESS <u>6043 LIVE OAK DR.</u> CITY-ST-ZIP <u>WINTER HAVEN, FL 33880</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Bryan Lacey</u> <small>Date</small>	
		<u>7/17/08 863 965 1161</u> <small>Daytime Phone #</small>	