

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009735

FILED
Jan 10, 2009
Secretary of State

Entity Name: OAK RUN SUBDIVISION PHASE 2 HOMEOWNERS' ASSOCIATION OF ZEPHYRHILLS, INC.

Current Principal Place of Business:

37423 LAUREL HAMMOCK DR
ZEPHYRHILLS, FL 335414253

New Principal Place of Business:

Current Mailing Address:

POSTAL ZONE BOX 213
7339 GALL BLVD
ZEPHYRHILLS, FL 33541

New Mailing Address:

FEI Number: 03-0604476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSSEX, JOENE G
37422 LAUREL HAMMOCK DR
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

SUSSEX, JOENE G
37423 LAUREL HAMMOCK DR
ZEPHYRHILLS, FL 33541 US

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: JOENE SUSSEX 01/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SUSSEX, JOENE
Address: 37423 LAUREL HAMMOCK DR
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TREA () Delete
Name: CURTIS, IRIS L
Address: 37337 LAUREL HAMMOCK DR
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOENE SUSSEX MS 01/10/2009

Electronic Signature of Signing Officer or Director Date