

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005490

FILED
Jan 21, 2008
Secretary of State

Entity Name: KRENSON OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1507 S. ALEXANDER ST.
SUITE 103
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3566
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 11-3773497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL PROPERTY MANAGEMENT SVC.
1507 S. ALEXANDER ST.
SUITE 103
PLANT CITY, FL 33563 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: PRES () Delete
Name: RINALDO, WILLIAM
Address: 6945 KRENSON OAKS ST.
City-St-Zip: LAKELAND, FL 33810

Title: VP () Delete
Name: THIEL, DELIAH
Address: 6779 KRENSON OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: SEC () Delete
Name: MANFREDA, LYDIA
Address: 6751 KRENSON OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: TREA () Delete
Name: GARCIA, TONYA
Address: 6921 KRENSON OAKS ST.
City-St-Zip: LAKELAND, FL 33810

Title: DIR () Delete
Name: STANLEY, NANCY
Address: 6933 KRENSON OAKS ST.
City-St-Zip: LAKELAND, FL 33810

Title: DIR () Delete
Name: SPARKS, ANGIE
Address: 6905 KRENSON OAKS ST.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: THIEL, WILLIAM
Address: 6779 KRENSON OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33810

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: DIR (X) Change () Addition
Name: HICKS, GROVER E
Address: 6711 KRENSON OAKS CR.
City-St-Zip: LAKELAND, FL 33810

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: GAIL CALHOUN

MGR

01/21/2008

Electronic Signature of Signing Officer or Director

Date