

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008035

1. Entity Name
**OAKMONT RESIDENTIAL SUBDIVISION HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**17532 COBBLESTONE LANE
CLERMONT, FL 34711**

Mailing Address
**P.O. BOX 120367
CLERMONT, FL 34712**



01052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1810911

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALLACE, DAVID W
17532 COBBLESTONE LANE
CLERMONT, FL 34711**

**DO NOT WRITE
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

David Wallace

no change

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	WALLACE, DAVID W
STREET ADDRESS	17532 COBBLESTONE LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DVP
NAME	WALLACE, DENISE
STREET ADDRESS	17532 COBBLESTONE LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	SCHULTZ, MICHAEL
STREET ADDRESS	1226 14TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000382513
11/12/06-80013-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

David Wallace

David Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

Date

352-394-4421

Daytime Phone #