


**2007 NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # N04000008035 1. Entity Name OAKMONT RESIDENTIAL SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 17532 COBBLESTONE LANE CLERMONT, FL 34711	Mailing Address P.O. BOX 120367 CLERMONT, FL 34712
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1810911	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 WALLACE, DAVID W 17532 COBBLESTONE LANE CLERMONT, FL 34711
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WALLACE, DAVID W 17532 COBBLESTONE LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALLACE, DENISE 17532 COBBLESTONE LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, MICHAEL 1226 14TH STREET NORTH ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000649458 03/07/07-80049-019 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>David Wallace</i> DAVID WALLACE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/22/07 <small>Date</small>	352 267 8946 <small>Daytime Phone #</small>
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