2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N04188

Entity Name: THE OAKS PATIO HOME ASSOCIATION, INC.

Current Principal Place of Business:

2306 SE 20TH CIRCLE
WOODLAND VILLAGES
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2306 SE 20TH CIRCLE
WOODLAND VILLAGES
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2432224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, CHARLES E LTCOL
2306 SE 20TH CIRCLE
OCALA, FL 344718305 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:	D	( ) Delete
Name:	HARDING, DR DWIGHT	
Address:	2307 SE 20TH CIRCLE	
City-St-Zip:	OCALA, FL 34427	
Title:	VD	( ) Delete
Name:	MCKEE, LOUISE	
Address:	231D SE 20 CIR	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	MORRIS, CHARLES,	
Address:	2306 SE 20TH CIRCLE	
City-St-Zip:	OCALA, FL	
Title:	PD	( ) Delete
Name:	STECKEL, CHARLES	
Address:	2312 SE 204 CIRCLE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	COX, DONALD	
Address:	2303 SE 20TH CIRCLE	
City-St-Zip:	OCALA, FL 34471	
Title:	ST	( ) Delete
Name:	STECKEL, KARYN	
Address:	2312 SE 20TH CIRCLE	
City-St-Zip:	OCALA, FL 34471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CHARLES E MORRIS, LTC,USA,RETIRED D 02/22/2009

Electronic Signature of Signing Officer or Director — Date