

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001307

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: OAKWOOD KNOLL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5018 GREENBROOK LN  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5284  
LAKELAND, FL 33811

**New Mailing Address:**

FEI Number: 02-0738618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLIOTT, KAY  
5018 GREENBROOK LN  
LAKELAND, FL 33811 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: DVP ( ) Delete  
Name: DAVIS, DEAN  
Address: 5686 OAKLAND KNOLL DR  
City-St-Zip: LAKELAND, FL 33811

Title: DS ( ) Delete  
Name: CARRION, SANDRA  
Address: 5782 OAKLAND KNOLL DR  
City-St-Zip: LAKELAND, FL 33811

Title: DT ( ) Delete  
Name: FRIEJOMEL, TONY  
Address: 5691 OAKWOOD KNOLL DR  
City-St-Zip: LAKELAND, FL 33811

Title: D ( ) Delete  
Name: BORYK, MIKE  
Address: 5608 OAKWOOD KNOLL DR  
City-St-Zip: LAKELAND, FL 33811

Title: DP ( ) Delete  
Name: MCCABE, JAMES  
Address: 5733 OAKWOOD KNOLL DR  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DT (X) Change ( ) Addition  
Name: SMITH, KRISTEN  
Address: 5603 OAKWOOD KNOLL DR  
City-St-Zip: LAKELAND, FL 33811

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: JAMES MCCABE

DP

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date