## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

1. Entity Nam OAK CRO INC.	OSSING SOUTH HOMEOW	NERS ASSOCIATIO		FILED  08 AUG 27 PM 1: 10		
1		Mailing Address 102 PARK PLACE BLVD	<del>-</del>		RETARY OF STATE AHASSEE, FLORINA	
		STE. D-2 Kissimmee, FL 34741	STE. D-2 Kissimmee, Fl. 34741		AII/ROOLE.	
544 Willet Circle 5		3. Mailing Address	544 Willet CIPCIE			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		08222008 Ch	g-NP CR2E037 (12/06)	
Aubumdala Florida Au		ACDUPACA	GUBUM dale Florida		Applied For Not Applicable	
Zip 22	823 11 Country	21012	Country	5. Certificate of Sta	\$9.75 Additional	
	6. Name and Address of Current	Registered Agent_	1	7Name and Addr	ress of New Registered Agent	
Florida: ASSOCIATION Managernent Name Kloud Bryant						
C/O Dollie Boyd Strange P. Box Minde is Not Accompled						
To 2 Park Place Blud, STE. D2						
KISSIMMER FL 34741 CT AUDUMAR FL 33823						
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.						
Allowed Rose of						
SIGNATUR	Signature, typed or printed name of registered agent i		BRYANT, PRE	SIDENT red when reinstating)	DATE	
·	Amended AR is \$61.25	9. Election Carr Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 10  Change Addition	
TITLE NAME	BRYANT, LLOYD	☐ Delete	NAME		Change Accidin	
STREET ADDRESS CITY-ST-ZIP	544 WILLET CIRCLE AUBURNDALE, FL 33823		STREET ADDRESS CITY-ST-ZIP			
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	BROWER, GLEN		NAME			
STREET ADDRESS CITY-ST-ZIP	525 WILLET CIRCLE AUBURNDALE, FL 33823		STREET ADDRESS CITY-ST-ZIP	300	0135603103	
TITLE	STD	☐ Delete	TITLE	<del>Var Dar</del> U	☐ Change ☐ Addition	
NAME STREET ADDRESS	HOUSEKRECHT, JEAN 536 WILLET CIRCLE		NAME STREET ADDRESS			
CITY-S1-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP		<b>D</b>	CITY-ST-ZIP		Change C statistics	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADORESS CITY-ST-ZIP			
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions contains	ed in Chapter 119, Flori	ida Statutes. I further certify that the information	
1 1 7	A CONTRACT C	3	or cianatura chall have the	and a second state of the second state of	made under eath: that I am an officer or director	
of the co	d on this report or supplemental report is reporation or the receiver or trustee empty	owered to execute this report	as required by Chapter 6	e same legal effect as if 17, Florida Statutes; and	d that my name appears in Block 10 or Block 11 if	
of the co	d on this report or supplemental report is imporation or the receiver or trustee emporation or on an attachment with an address, the contract of the contra	owered to execute this report	as required by Chapter 6	e same legal effect as in 17, Florida Statutes; and	d that my name appears in Block 10 or Block 11 if	
of the co	rporation or the receiver or trustee empers, or on an attachment with an address, or on the receiver or trustee empers, or on an attachment with an address, or one of the receiver or trustee empers, or one of the receiver of the receive	owered to execute this report	as required by Chapter 6	e same legal effect as in 17, Florida Statutes; and	d that my name appears in Block 10 or Block 11 if  Block 10 or Block 11 if  Block 10 or Block 11 if	

N. 8/28