

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003138

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** OAK CROSSING SOUTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

544 WILLET CIRCLE  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

544 WILLET CIRCLE  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

**FEI Number:** 20-3327780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOTAL PROPERTY MANAGEMENT OF CENTRAL FLA.  
544 WILLET CIRCLE  
AUBURNDALE, FL 33823 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:** VPD  
**Name:** SMITH, JAY T  
**Address:** 169 OAK CROSSING BLVD.  
**City-St-Zip:** AUBURNDALE, FL 33823

**Title:** PD  
**Name:** MORGADO, MICHAEL S VPD  
**Address:** 173 OAK CROSSING BLVD.  
**City-St-Zip:** AUBURNDALE, FL 33823

**Title:** SD  
**Name:** VARGAS, ARTURO  
**Address:** 525 WILLET CIRCLE  
**City-St-Zip:** AUBURNDALE, FL 33823

I hereby 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 all other like empowered.

**SIGNATURE:** LLOYD BRYANT

MGR

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date