

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90073 035 ****61.25

DOCUMENT # N05000003140					
1. Entity Name OAK CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.				40042340	
Principal Place of Business 2000 E. EDGEWOOD DRIVE, STE. 103 LAKELAND, FL 33803			Mailing Address 3361 W. VINE STREET, #208 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 102 Park Place Blvd Suite, Apt. #, etc. D-2		3. Mailing Address 102 Park Place Blvd Suite, Apt. #, etc. D-2			
City & State Kissimmee, FL		City & State Kissimmee, FL		4. FEI Number 20-3327674	
Zip 34741		Country DSCOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. C/O DOLLIE BOYD 3361 W. VINE STREET, SUITE 208 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 Park Place Blvd Suite D-2 City Kissimmee FL Zip Code 34741	
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 <u>Dollie Boyd, agent</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>2/19/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME LADERER, EDWARD H. JR. STREET ADDRESS 2000 E. EDGEWOOD DRIVE, STE. 103 CITY-ST-ZIP LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Provenza, Michael STREET ADDRESS 540 Pintail Cir. CITY-ST-ZIP Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HOFFMAN, L.K. STREET ADDRESS P.O. BOX 7357 CITY-ST-ZIP LAKELAND, FL 33807	<input checked="" type="checkbox"/> Delete		TITLE DVP NAME Holton, Erik STREET ADDRESS 608 Pintail Cir CITY-ST-ZIP Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME REHBERG, JAMES H. STREET ADDRESS 6802 SHIMMERING DRIVE CITY-ST-ZIP LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE D S/T NAME Fedderly, Thomas STREET ADDRESS 697 Pintail Cir. CITY-ST-ZIP Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-24-08</u>		Daytime Phone # <u>9670116</u>