## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003140

FILED Feb 09, 2009 Secretary of State

Entity Name: OAK CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

102 PARK PL BLVD

D-2

KISSIMMEE, FL 34741

**New Mailing Address: Current Mailing Address:** 

102 PARK PL BLVD

KISSIMMEE, FL 34741

FEI Number: 20-3327674 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FLORIDA ASSOCIATION MANAGEMENT, INC. FLORIDA ASSOCIATION MANAGEMENT, INC. 102 PRK PL BLVD STE D-2

102 PARK PL BLVD STE D-2 KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

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: 02/09/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

PROVENZA, MICHAEL PROVENZA, MICHAEL Name: Name: 540 PINTAIL CIR Address: 540 PINTAIL CIR Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

Title: DVP ( ) Delete Title: PD (X) Change ( ) Addition

Name: HOLTON, ERIK Name: HOLTON, ERIK Address: 608 PINTAIL CIR Address: 608 PINTAIL CIR City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

Title: DST () Delete Title: STD (X) Change ( ) Addition

FEDDERLY, THOMAS Name: WHITING, ERIC Name: Address: 557 PINTAIL CIR Address: 508 PINTAIL CIR City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

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: DOLLIE BOYD **AGEN** 02/09/2009