

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 02, 2008
Secretary of State

DOCUMENT# N05000003219

Entity Name: OAK LANDING AT IMPERIAL LAKES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822**New Principal Place of Business:****Current Mailing Address:**5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822**New Mailing Address:****FEI Number:** 20-3005444**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LELAND MANAGEMENT, INC.
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 32822 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:** PD () Delete
Name: MALONE, KIRK R
Address: 5909-G HAMPTON OAKS PKWY
City-St-Zip: TAMPA, FL 33610**Title:** VPD () Delete
Name: MALONE, PAM
Address: 5909-G HAMPTON OAKS PKWY
City-St-Zip: TAMPA, FL 33610**Title:** STD () Delete
Name: JANSEN, TALASHIA
Address: 5909-G HAMPTON OAKS PKWY
City-St-Zip: TAMPA, FL 33610**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ADAMS, WESLEY
Address: 5909-G HAMPTON OAKS PKWY
City-St-Zip: TAMPA, FL 33610**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: ZEVOLA, JOYCE M
Address: 5909-G HAMPTON OAKS PKWY
City-St-Zip: TAMPA, FL 33610

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: WESLEY ADAMS

PD

12/02/2008

Electronic Signature of Signing Officer or Director

Date