2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # N05000005936 OAK PATH SUBDIVISION HOMEOWNERS ASSOCIATION. 2008 SEP 12 AM 9: 21 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1917 PASSERO AVE 1917 PASSERO AVE LUTZ. FL 33559 LUTZ. FL 33559 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 503 West Platt Street 503 West Platt Street Suite, Apt. #, etc. Suite, Apt. #, etc. 08112008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Tampa, Florida Tampa, Florida Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired <u> 33606</u> USA <u>33606</u> IIS/ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LENZE, GEORGE Donald B. Linsky Street Address (P.O. Box Number is Not Acceptable) 1509B Sun City Center Plaza 2701 COASTAL RANGE WAY LUTZ, FL 33559 Zip Code 33573 Sun City Center 8. The above named entity submits this gratement 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D Change Change TITLE Delete TITLE Addition LENZE, CARRIE NAME NAME Frank Rosenblatt 2701 COASTAL RANGE WAY STREET ADDRESS STREET ADDRESS 503 West Platt Street LUTZ, FL 33559 CITY-ST-ZIP CITY-ST-ZIE Tampa, Florida 33606 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME 800135962 09/16/08--01018--015 STREET ADDRESS STREET ADDRESS **61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _