

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009965

FILED
Apr 15, 2009
Secretary of State

Entity Name: OLD OAK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

726 NW 8TH AVENUE
SUITE B
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

726 NW 8TH AVENUE
SUITE B
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3266345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, ROBERT A
726 NW 8TH AVENUE
SUITE B
GAINESVILLE, FL 32601 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: P () Delete
Name: SAARINEN, JAMES W
Address: 793 STRAIT VIEW DRIVE
City-St-Zip: PORT ANGELES, WA 98362

Title: S () Delete
Name: SAARINEN, JAMES W
Address: 793 STRAIT VIEW DRIVE
City-St-Zip: PORT ANGELES, WA 98362

Title: D () Delete
Name: SAARINEN, JAMES W
Address: 793 STRAIT VIEW DRIVE
City-St-Zip: PORT ANGELES, WA 98362

Title: D () Delete
Name: MITCHELL, ROBERT A
Address: 726 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: DELANEY, PHILIP A
Address: 4041 NW 37TH PLACE, SUITE B
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT A. MITCHELL

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date