

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90033 046 \*\*\*\*61.25

<b>DOCUMENT # N05000012120</b>					
<b>1. Entity Name</b> OAK RUN AT COLONIAL RESIDENTS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N 201 NAPLES, FL 34103			<b>Mailing Address</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N 201 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b> C/O Ptm Property Mgmt Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B City & State Ft Myers, FL Zip 33912		<b>3. Mailing Address</b> C/O Ptm Property Mgmt Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B City & State Ft Myers, FL Zip 33912		07032008    Chg-NP    CR2E037 (12/06)	
Country USA		Country USA		<b>4. FEI Number</b> 20-4002678	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> STACKHOUSE, EDWIN D. 9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name <u>Paul Sapp</u> Street Address (P.O. Box Number is Not Acceptable) 14360 S. Tamiami Trail, #B City <u>Ft Myers</u> <b>FL</b> Zip Code <u>33912</u>		
<b>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.</b> SIGNATURE <u>Paul Sapp</u> DATE <u>7-8-08</u> <small>(Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HANSON, RICHARD 9542 HEMMINGWAY LANE FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENDRICKSON, DAVID 9518 HEMMINGWAY LANE FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NEIMITS, JOAN 9550 HEMMINGWAY LANE FORT MYERS, FL 33913	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		
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		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____				Daytime Phone # _____	