2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N05000012120

Entity Name: OAK RUN AT COLONIAL RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O P&M PROPERTY MGMENT
14360 S TAMIAMI TRAIL #B
NAPLES, FL 34103

New Principal Place of Business:

C/O P&M PROPERTY MGMENT
14360 S TAMIAMI TRAIL #B
NAPLES, FL 33912

Current Mailing Address:

C/O P&M PROPERTY MGMENT
14360 S TAMIAMI TRAIL #B
NAPLES, FL 34103

New Mailing Address:

C/O P&M PROPERTY MGMENT
14360 S TAMIAMI TRAIL #B
NAPLES, FL 33912

FEI Number: 20-4002678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 S TAMIAMI TRAIL #B
FORT MYERS, FL 33912 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: D ( ) Delete
Name: HANSON, RICHARD
Address: 9542 HEMMINGWAY LANE
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete
Name: HENDRICKSON, DAVID
Address: 9518 HEMMINGWAY LANE
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete
Name: NEIMITS, JOAN
Address: 9550 HEMMINGWAY LANE
City-St-Zip: FORT MYERS, FL 33913

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:

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: PAUL SAPP REG 04/17/2009

Electronic Signature of Signing Officer or Director — Date