## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THILE

NAME

3710 OLD TAMPA HWY LOT #11

3710 OLD TAMPA HWY LOT #11

LAKELAND, FL 33811

LAKELAND, FL 33811

TINKLE, EMBREE

## Feb 20, 2007 8:00 am **Secretary of State** DOCUMENT # N06000003591 02-20-2007 90036 012 \*\*\*\*61.25 OAKMONT MOBILE HOME PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 40020713 3710 OLD TAMPA HWY LOT #11 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811 LAKELAND, FL 33811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3710 Old Tampa Hwy 3710 Old Tampa Hwy Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 CR2E037 (12/06) Chg-NP Lot 50 Lot 50 Applied For City & State City & State 4. FEI Number Lakeland, Fl Lakeland, FL Not Applicable 56-2570391 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33811 33811 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, ED Street Address (P.O. Box Number is Not Acceptable) 3710 Old Tampa Hwy Lot 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. $\overline{\mathtt{Tr}}$ ■ Addition TITLE ☐ Detete TITLE DAVIS, LAWRENCE NAME NAME Davis, Lawrence STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 STREET ADDRESS 3710 Old Tampa Hwy Lot 50 CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP Lakeland, FL 33811 n ☐ Delete TITLE Change ☐ Addition TITLE Tr HART, NELSON NAME NAME Mart, Nelson 3710 Old Tampa Hwy Lot 50 STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP <u>Lakeland, FL 33811</u> TITLE ח Delete TETLE ☐ Change ▼ Addition Tr THACKER, RITA D NAME NAME Johnson, William STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 STREET ADDRESS 3710 Old Tampa Hwy Lot 50 CITY - ST- ZIP LAKELAND, FL 33811 CITY-ST-ZIP Lakeland, FL 33811 ☐ Delete K) Change ☐ Addition TITLE TITLE HARRISON ED NAME NAME Harrison, Ed 3710 OLD TAMPA HWY LOT #11 STREET ADDRESS STREET ADDRESS 3710 Old Tampa Hwy Lot 50 CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP Lakeland, FL 33811 TITLE ☐ Delete TITLE Change ☐ Addition NAME TINKLE, NANCY Tinkel, Nancy NAME

FILED

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

TITLE

NAME

☐ Delete

3710 Old Tampa Hwy Lot 50

3710 Old Tampa Hwy Lot 50

33811

Change

☐ Addition

Lakeland, FL 33811

Tinkel, Embree

Lakeland, FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	R DIRECTOR	Date	Daytime Phone #
SIGNATURE: Name Un St. to 0	Nancy Tinkel	2-16-07	765-618-6788

## ATTACHMENT

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

•		ANNUAL	REPORT							
DOCUMENT # N06000003591										
OAKMONT MOBILE HOME PARK ASSOCIATION, INC.										
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Principal Place of Business - No P.O. Box # 3. Mailing Address					40	1020-	119			
Suite, Apt. #, etc. Suite, Apt. #, etc.					02132007	Chg-NP	CR2E037	<u>`                                    </u>		
City & State City & State		City & State			4. FEI Number				oplied For ot Applicable	
Ζάρ		Country	Zip	Cox	untry	5. Certificate o	f Status Desired		8.75 Add	fitional
	6. Name	and Address of Current R	legistered Agent	-		7. Name and A	ddress of New i	Registered Aq	jent	
HARRISON, ED 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811				Name Street Address (P.O. Box Number is Not Acceptable)						
	D, I L 000									
					City	-		FL	Zip Cod	е
	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	registen	ed office or register	ed agent, or both	, in the State of Fi		miliar with,	and accept
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SIGNATURE	Signature, typed	or printed name of regulered agent an	of the II applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		CATE		<del></del> i
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