



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90036 012 ****61.25

DOCUMENT # N06000003591 1. Entity Name OAKMONT MOBILE HOME PARK ASSOCIATION, INC.					
Principal Place of Business 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811			Mailing Address 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		
2. Principal Place of Business - No P.O. Box # 3710 Old Tampa Hwy Suite, Apt. #, etc. Lot 50 City & State Lakeland, FL Zip 33811		3. Mailing Address 3710 Old Tampa Hwy Suite, Apt. #, etc. Lot 50 City & State Lakeland, FL Zip 33811		4. FEI Number 56-2570391 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02132007 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent HARRISON, ED 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3710 Old Tampa Hwy Lot 50 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LAWRENCE <input type="checkbox"/> Delete 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Davis, Lawrence <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3710 Old Tampa Hwy Lot 50 Lakeland, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, NELSON <input type="checkbox"/> Delete 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Hart, Nelson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3710 Old Tampa Hwy Lot 50 Lakeland, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THACKER, RITA D <input checked="" type="checkbox"/> Delete 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tr Johnson, William <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3710 Old Tampa Hwy Lot 50 Lakeland, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, ED <input type="checkbox"/> Delete 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harrison, Ed <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3710 Old Tampa Hwy Lot 50 Lakeland, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TINKLE, NANCY <input type="checkbox"/> Delete 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tinkel, Nancy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3710 Old Tampa Hwy Lot 50 Lakeland, FL 33811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TINKLE, EMBREE <input type="checkbox"/> Delete 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tinkel, Embree <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3710 Old Tampa Hwy Lot 50 Lakeland, FL 33811	
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.					
SIGNATURE: 			Nancy Tinkel		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2-16-07 Daytime Phone #: 765-618-6788		

ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003591					
1. Entity Name OAKMONT MOBILE HOME PARK ASSOCIATION, INC.					
Principal Place of Business 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811			Mailing Address 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132007 Chg-NP CR2E037 (12/06)	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRISON, ED 3710 OLD TAMPA HWY LOT #11 LAKELAND, FL 33811			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME DAVIS, LAWRENCE STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 CITY-ST-ZIP LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE Tr NAME Kimball, Rodney STREET ADDRESS 3710 Old Tampa Hwy Lot 50 CITY-ST-ZIP Lakeland, FL 33811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HART, NELSON STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 CITY-ST-ZIP LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THACKER, RITA D STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 CITY-ST-ZIP LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME HARRISON, ED STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 CITY-ST-ZIP LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME TINKLE, NANCY STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 CITY-ST-ZIP LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME TINKLE, EMBREE STREET ADDRESS 3710 OLD TAMPA HWY LOT #11 CITY-ST-ZIP LAKELAND, FL 33811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					