


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90020 016 ****61.25

DOCUMENT # N06000003591 1. Entity Name OAKMONT MOBILE HOME PARK ASSOCIATION, INC.					
Principal Place of Business 3710 OLD TAMPA HWY LOT 50 LAKELAND, FL 33811			Mailing Address 3710 OLD TAMPA HWY LOT 50 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRISON, ED 3710 OLD TAMPA HWY LOT 50 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, 2008		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	TR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, LAWRENCE		NAME		
STREET ADDRESS	3710 OLD TAMPA HWY LOT 50		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	TR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, NELSON		NAME		
STREET ADDRESS	3710 OLD TAMPA HWY LOT 50		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	TR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WILLIAM		NAME		
STREET ADDRESS	3710 OLD TAMPA HWY LOT 50		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, ED		NAME		
STREET ADDRESS	3710 OLD TAMPA HWY LOT 50		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TINKLE, NANCY		NAME		
STREET ADDRESS	3710 OLD TAMPA HWY LOT 50		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TINKLE, EMBREE		NAME		
STREET ADDRESS	3710 OLD TAMPA HWY LOT 50		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
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: <u>Nancy Tinkel</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Nancy Tinkel		
			2-15-08		
			765-618-6788		
			Date		
			Daytime Phone #		

ATTACHMENT

40043185

#N06000003591

11. Additions/changes To Officers And Directors in 10

Addition:

TR
Waller, C. Roy
3710 Old Tampa Hwy Lot 50
Lakeland, FL 33811

Delete:

TR
Kimball, Rodney
3710 Old Tampa Hwy Lot 50
Lakeland, FL 33811