

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000005342

1. Entity Name
OAK GROVE COMMONS ASSOCIATION, INC.



Principal Place of Business

**24444 STATE ROAD 54
LUTZ, FL 33559**

Mailing Address

**24444 STATE ROAD 54
LUTZ, FL 33559**



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8350058

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHANEY, CHARLES D
24444 STATE ROAD 54
LUTZ, FL 33559**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000857970
04/01/08-80026-003 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHANEY, CHARLES D 1021 DOCKSIDE DRIVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAVID 1911 PASSERO AVE LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESENBERG, SCOTT 24426 STATE ROAD 54 LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLETT, TOM 100 W KENNEDY BLVD #650 TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESENBERG, DEBRA 24444 STATE ROAD 54 LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GELINAS, LORI 24444 STATE ROAD 54 LUTZ, FL 33559

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/08

Daytime Phone #