

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005342

FILED
Feb 10, 2009
Secretary of State

Entity Name: OAK GROVE COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

24444 STATE ROAD 54
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

24444 STATE ROAD 54
LUTZ, FL 33559

New Mailing Address:

FEI Number: 20-8350058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANEY, CHARLES D
24444 STATE ROAD 54
LUTZ, FL 33559 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: DP () Delete
Name: CHANEY, CHARLES D
Address: 1021 DOCKSIDE DRIVE
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: SMITH, DAVID
Address: 1911 PASSERO AVE
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: ESENBERG, SCOTT
Address: 24426 STATE ROAD 54
City-St-Zip: LUTZ, FL 33559

Title: DV () Delete
Name: WILLETT, TOM
Address: 100 W KENNEDY BLVD #650
City-St-Zip: TAMPA, FL 33603

Title: S () Delete
Name: ESENBERG, DEBRA
Address: 24444 STATE ROAD 54
City-St-Zip: LUTZ, FL 33559

Title: T () Delete
Name: GELINAS, LORI
Address: 24444 STATE ROAD 54
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHANEY, CHARLES D
Address: 24444 SR 54
City-St-Zip: LUTZ, FL 33559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI GELINAS

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date