

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000005367

1. Entity Name
RETRIEVER OAKS PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
20 S. BROAD STREET
BROOKSVILLE, FL 34601

Mailing Address
20 S. BROAD STREET
BROOKSVILLE, FL 34601

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07242008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
26-0501164

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARY, MARY BETH
18 N. BROAD STREET
BROOKSVILLE, FL 34601

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000956889
08/01/08-80004-012 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARY, MARY BETH
STREET ADDRESS P.O. BOX 1026
CITY-ST-ZIP BROOKSVILLE, FL 34605

TITLE VPTD
NAME MARTZ, JOHN W
STREET ADDRESS P.O. BOX 1026
CITY-ST-ZIP BROOKSVILLE, FL 34605

TITLE SD
NAME GARY, MICHAEL L
STREET ADDRESS P.O. BOX 1026
CITY-ST-ZIP BROOKSVILLE, FL 34605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 life empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY BETH GARY

7/28/08

Date

Daytime Phone #