

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005367

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

18 N. BROAD STREET
BROOKSVILLE, FL 34601

Current Mailing Address:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

18 N.. BROAD STREET
BROOKSVILLE, FL 34601

FEI Number: 26-0501164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARY, MARY BETH
18 N. BROAD STREET
BROOKSVILLE, FL 34601 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: PD () Delete
Name: GARY, MARY BETH
Address: P.O. BOX 1026
City-St-Zip: BROOKSVILLE, FL 34605

Title: VPTD () Delete
Name: MARTZ, JOHN W
Address: P.O. BOX 1026
City-St-Zip: BROOKSVILLE, FL 34605

Title: SD () Delete
Name: GARY, MICHAEL L
Address: P.O. BOX 1026
City-St-Zip: BROOKSVILLE, FL 34605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARY BETH GARY

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date