

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90031 018 ****61.25

DOCUMENT # N06000006749

1. Entity Name
OAKWATER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2301 LUCIEN WAY, SUITE 400
MAITLAND, FL 32751**

Mailing Address
**2301 LUCIEN WAY, SUITE 400
MAITLAND, FL 32751**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
56-2566430

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNIGHT, PATRICK J
2301 LUCIEN WAY, SUITE 400
MAITLAND, FL 32751**

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

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BONTRAGER, THOMAS K
2301 LUCIEN WAY, SUITE 400
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
SHEELER, LAWRENCE M
2301 LUCIEN WAY, SUITE 400
MAITLAND, FL 32751** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
MAKRANSKY, JAMES
2301 LUCIEN WAY, Ste 400
MAITLAND, FL 32751** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
CHOMA, DEBRA
2301 LUCIEN WAY, SUITE 400
MAITLAND, FL 32751** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: *Thomas V. Bontrager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08
Date

407-661-2198
Daytime Phone #