

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006943

FILED
May 01, 2007
Secretary of State

Entity Name: LIBRA OAKS PHASE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

720 SE 3RD ST
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

720 SE 3RD ST
OCALA, FL 34471

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, BRUCE
720 SE 3RD ST
OCALA, FL 34471 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: WILSON, BRUCE
Address: 720 SE 3RD ST
City-St-Zip: OCALA, FL 34471

Title: VPD () Delete
Name: DETERS, CHARLES
Address: 1758 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

Title: STD () Delete
Name: WILSON, JOSHUA
Address: 454 FAIRWAY CIR - B-204
City-St-Zip: OCALA, FL 34472

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: BRUCE WILSON

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date