

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08410

FILED
Apr 29, 2009
Secretary of State

Entity Name: HOME OWNERS ASSN. INC. OAK GROVE

Current Principal Place of Business:

1800 ENGLEWOOD DR
LOT 30A
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWBY MANAGEMENT
3310 US HWY 301 N
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: 52-1624686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBY MANAGEMENT
3310 US HWY 301 N
ELLENTON, FL 34222 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: T () Delete
Name: BOYD, BILL
Address: 1800 ENGLEWOOD RD, LOT 59
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: GIUSTI, JOSEPH
Address: 1800 ENGLEWOOD RD, LOT 98
City-St-Zip: ENGLEWOOD, FL 34223

Title: S () Delete
Name: ROBERTSON, TOM
Address: 1400 ENGLEWOOD RD, LOT 40
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: HARTNAGEL, NANCY
Address: 1800 ENGLEWOOD RD, LOT 158
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: BARTZ, MARLENE
Address: 1800 ENGLEWOOD RD, LOT 101
City-St-Zip: ENGLEWOOD, FL 34223

Title: P () Delete
Name: CLUCAS, CHUCK
Address: 1800 ENGLEWOOD RD, LOT 57
City-St-Zip: ENGLEWOOD, FL 34223

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:

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: CHUCK CLUCAS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date