

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11885

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** LOST OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

140 TERRY DR  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

8916 CHEMSTRAND RD.  
PENSACOLA, FL 32514 US

**Current Mailing Address:**

140 TERRY DR  
PENSACOLA, FL 32503 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAMER, SANDRA  
140 TERRY DR  
PENSACOLA, FL 32503 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: ST  
Name: CRAMER, SANDRA  
Address: 140 TERRY DR  
City-St-Zip: PENSACOLA, FL 32503

Title: P  
Name: WHITE, BRYON  
Address: 8916 CHEMSTRAND RD. LOT 2  
City-St-Zip: PENSACOLA, FL 32514

Title: VP  
Name: CRANLEY, RICHARD  
Address: 516 QUAIL NEST LANE  
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: SANDRA CRAMER

S/T

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date