

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12275

FILED
Apr 18, 2006
Secretary of State

Entity Name: OAK RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6755 SW 114TH ST RD.
OCALA, FL 344763955 US

New Principal Place of Business:

Current Mailing Address:

6755 SW 114TH ST RD.
OCALA, FL 344763955 US

New Mailing Address:

FEI Number: 59-2775615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERMER, ROBERT A ATTY
8585 SW HWY 200
SUITE 9
OCALA, FL 34481 US

Name and Address of New Registered Agent:

STERMER, ROBERT A ATTY
7763 SW HWY 200
OCALA, FL 34476 US

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

04/18/2006

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MISENER, JOANNE
Address: 10956 SW 81ST AVE
City-St-Zip: Ocala, FL 34481

Title: VP () Delete
Name: LENER, BOB
Address: 11601 SW 68TH CR
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: SHEETZ, BOB
Address: 6565 SW 11TH LOOP
City-St-Zip: Ocala, FL 34481

Title: S () Delete
Name: D'EUGENIO, MARIE
Address: 10895 S.W. 90TH TERRACE
City-St-Zip: Ocala, FL 34476

Title: T () Delete
Name: BLANCHARD, DELLA
Address: 6755 S.W. 114TH STREET ROAD
City-St-Zip: Ocala, FL 34476

Title: D () Delete
Name: PORTO, SUSIE
Address: 6897 SW 117TH ST
City-St-Zip: Ocala, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLYNN, JIM
Address: 11625 SW 71ST CR
City-St-Zip: Ocala, FL 34476

Title: VP (X) Change () Addition
Name: LOTT, BOB
Address: 6799 SW 113TH PL
City-St-Zip: Ocala, FL 34476

Title: D (X) Change () Addition
Name: HANSCOM, HENRY
Address: 8075 SW 116TH LP
City-St-Zip: Ocala, FL 34481

Title: S (X) Change () Addition
Name: D'EUGENIO, MARIE
Address: 10895 S.W. 90TH TERRACE
City-St-Zip: Ocala, FL 34481

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 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: DELLA BLANCHARD

Electronic Signature of Signing Officer or Director

T

04/18/2006

Date