

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12275

FILED  
Apr 01, 2008  
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  
7763 SW HWY 200  
OCALA, FL 34476 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: P ( ) Delete  
Name: MCHALE, JOHN  
Address: 8150 SW 108TH ST  
City-St-Zip: OCALA, FL 34481

Title: VP ( ) Delete  
Name: DALMAU, JULIUS  
Address: 8673 SW 109TH ST  
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete  
Name: HANSCOM, HENRY  
Address: 8075 SW 116TH LP  
City-St-Zip: OCALA, FL 34481

Title: S ( ) Delete  
Name: MURPHY, BARBARA  
Address: 11451 SW 82ND  
City-St-Zip: OCALA, FL 34481

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

Title: D ( ) Delete  
Name: PASCOE, WILLIAM  
Address: 10822 SW 80TH CT  
City-St-Zip: OCALA, FL 34481

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PIKE, PAUL  
Address: 11665 SW 72ND CR  
City-St-Zip: OCALA, FL 34476

Title: D (X) Change ( ) Addition  
Name: SALENGER, ELLEN  
Address: 7221 SW 115TH PL  
City-St-Zip: OCALA, FL 34476

Title: S (X) Change ( ) Addition  
Name: SHANE, PATRICIA  
Address: 11102 SW 73RD CR  
City-St-Zip: OCALA, FL 34476

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: DELLA BLANCHARD

TRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date