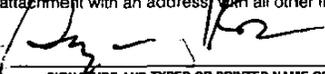


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90385 049 ****61.25

DOCUMENT # N12433			
1. Entity Name OAKMONT OWNERS ASSOCIATION, INC.			
Principal Place of Business 6500 MARINER SANDS DRIVE STUART, FL 34997		Mailing Address % BRISTOL MANAGEMENT SERVICES INC. 1930 COMMERCE LANE #1 JUPITER, FL 33457	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc:	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2617822		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRISTOL MANAGEMENT SERVICES INC. % STEVE INGLIS 1930 COMMERCE LANE #1 JUPITER, FL 33548		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENNELLA, JACKIE 6500 MARINER SANDS DR STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doug Williams Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5862 Oakmont Pl Stuart Fl 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOODY, ELLEN 6500 MS DRIVE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jackie Mennella VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5951 Oakmont Pl. Stuart, Fl 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HONEA, CHARLOTTE 6500 MARINER SANDS DRIVE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlotte Honea Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition 6022 Oakmont Pl Stuart, Fl 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMLIN, JERRY 6500 MARINER SANDS DR. STUART, FL 34997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Tom Bohan Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5845 Oakmont Pl Stuart, Fl 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBELEN, BENJAMIN 6500 MARINER SANDS DR. STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ben Robelen 6117 Oakmont Pl Stuar, Fl 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Director ELDRIDGE, JEAN 6500 MS DRIVE STUART, FL 34997 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Eldridge Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5894 Oakmont Pl Stuart, Fl.
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address for all other like empowered.			
SIGNATURE: 		4/18/08 772-255-0737	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BENJAMIN F ROBELEN TREASURER		Date Daytime Phone #	