2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12433

FILED Apr 09, 2009 Secretary of State

Entity Name: OAKMONT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6500 MARINER SANDS DRIVE STUART, FL 34997 **Current Mailing Address: New Mailing Address:** % BRISTOL MANAGEMENT SERVICES INC. 1930 COMMERCE LANE #1 JUPITER, FL 33457 FEI Number: 59-2617822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRISTOL MANAGEMENT SERVICES INC. % STEVE INGLIS 1930 COMMERCE LANE #1 JUPITER, FL 33548 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLIAMS, DOUG Name: Name: 5862 OAKMONT PL Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: Title: VΡ (X) Change () Addition () Delete MENNELLA, JACKIE Name: PARSONS, MARK Name: Address: 5957 OAKMONT PL Address: 6118 OAKMONT PL City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change () Addition HONEA, CHARLOTTE HONEA, CHARLOTTE Name: Name: 6022 OAKMONT PL 6022 OAKMONT PL Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 () Delete Title: Title: () Change () Addition Name: BOHAN, TOM Name: Address: 5845 OAKMONT PL Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROBELEN, BEN ELDRIDGE, JEAN Name: Name: 6117 OAKMONT PL 5894 OAKMONT PL Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change () Addition ELDRIDGE, JEAN HENYON SUSAN Name: Name: Address: 5894 OAKMONT PL Address: 5846 OAKMONT PL STUART, FL 34997 STUART, FL 34997 City-St-Zip: 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: JEAN ELDRIDGE T 04/09/2009