


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N13905 1. Entity Name OAK KNOLL AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1811 EAST OAK KNOLL CIRCLE DAVIE, FL 33324	Mailing Address 8930 STATE ROAD 84 BOX 254 DAVIE, FL 33324
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0000954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNOX, CHRISTOPHER B 300 SOUTH PINE ISLAND ROAD SUITE 210 PLANTATION, FL 33324

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNSIDE, KAREN PRES. D 1811 EAST OAK KNOLL CIRCLE DAVE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TUNDERVARY, JAN S SEC. D 1541 WEST OAK KNOLL CIRCLE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D GARNER, BILL VP, D 1610 WEST OAK KNOLL CIRCLE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D BERRY, ALICE TREASD 1610 EAST OAK KNOLL CIRCLE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, AMY DIR. 1750 EAST OAK KNOLL CIRCLE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000833930 02/28/08-80032-010 61.25</p> DO NOT WRITE IN THIS SPACE
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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, with all other like empowered.
SIGNATURE: X <u>Alice L. Berry</u> X <u>2/19/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

ALICE L. BERRY - TREASURER