2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N14068

Entity Name: OAK FORD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5317 FRUITVILLE ROAD
#174
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

5317 FRUITVILLE ROAD
#174
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 59-2673607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULTER, JIM PD
13525 WILD CITRUS ROAD
SARASOTA, FL 34240 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:	PD	( ) Delete
Name:	CULTER, JIM	
Address:	13525 WILD CITRUS ROAD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	VD	( ) Delete
Name:	JONES, KERRY	
Address:	13800 PINE WOODS LANE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	SD	( ) Delete
Name:	NUHN, DEBRA	
Address:	13404 WILD CITRUS ROAD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	TD	( ) Delete
Name:	SMITH, DENA	
Address:	12845 N BRANCH RD	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	GASSEL, LAURA	
Address:	13330 N BRANCH RD	
City-St-Zip:	SARASOTA, FL 34240	
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: DENA SMITH TRES 04/14/2008

Electronic Signature of Signing Officer or Director — Date