2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N17849

Entity Name: OAK TREE TOWNHOMES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

111 BEAL PARKWAY S.E.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

111 BEAL PARKWAY S.E.
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2853306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDGENS, ROBERT S.
111 BEAL PARKWAY, S.E.
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

HUDGENS, ROBERT S
111 BEAL PARKWAY, S.E.
FORT WALTON BEACH, FL 32548 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: ROBERT S HUDGENS 01/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUDGENS, ROBERT S
Address: 111 BEAL PARKWAY S.E.
City-St-Zip: FORT WALTON BCH., FL

Title: D ( ) Delete
Name: WHALEY, DENISE H
Address: 111 BEAL PKWY SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: HUDGENS, TERESA R
Address: 111 BEAL PKWY SE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BAVARIAN, DENISE H
Address: 111 BEAL PKWY SE
City-St-Zip: FORT WALTON BEACH, FL 32548

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: ROBERT S HUDGENS PRES 01/13/2009
Electronic Signature of Signing Officer or Director Date