

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29643

FILED
Feb 27, 2008
Secretary of State

Entity Name: OAK FORD GOLF CLUB OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PMB 169
4025 CATTLEMEN RD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

PMB 169
4025 CATTLEMEN RD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0188722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNGER, JIM
PMB 169
4025 CATTLEMEN RD.
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: LAPIERRE, KEN
Address: 1753 KINGSDOWN DR
City-St-Zip: SARASOTA, FL 34240

Title: VPD () Delete
Name: PRATT, DAVID
Address: 2085 KINGSDOWN DR.
City-St-Zip: SARASOTA, FL 34240

Title: SD () Delete
Name: LOPEZ, JILL
Address: 1767 PALM VIEW RD
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: HOLMAN, MARJORIE
Address: 2100 KINGSDOWN DR
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: FOXWELL, PHILLIP C
Address: 1705 PALM VIEW RD.
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: HOLZSCHUH, COLLEEN
Address: 12821 SHERINGHAM WAY
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HATCH, DAVID
Address: 2149 PALM VIEW ROAD
City-St-Zip: SARASOTA, FL 34240

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

Title: D (X) Change () Addition
Name: DULEY, CHERYL
Address: 1937 KINGSDOWN DR
City-St-Zip: SARASOTA, FL 34240

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: JIM UNGER

V

02/27/2008

Electronic Signature of Signing Officer or Director

Date