2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 12, 2007 8:00 am
Secretary of State
01-12-2007 90017 025 ****61.25

DOCUMENT # N31097

1. Entity Name
OAK LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 684 VALRICO, FL 33594 US	P O BOX 684 VALRICO, FL 33594 US

66001077

01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2926866
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BORKMAN, KARL
2424 OAK LANDING DR.
BRANDON, FL 33511

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILSON, DAVID
STREET ADDRESS	2417 OAK LANDING DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VD
NAME	RYAN, TIMOTHY
STREET ADDRESS	2420 OAK LANDING DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	STD
NAME	BORKMAN, KARL
STREET ADDRESS	2421 OAK LANDING DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kurt P. Borkman 2-8-2007 (813)653-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #