

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41478

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

902A PALM BLVD S  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

902A PALM BLVD S  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-3051542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBER, J W  
1491 OAKMONT PLACE  
NICEVILLE, FL 32578 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: MGRM  
Name: ABELE, SHARON  
Address: 1486 OAKMONT PL  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM  
Name: BARBER, J W  
Address: 1491 OAKMONT PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM  
Name: LIBELL, GARY  
Address: 1490 OAKMONT PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM  
Name: TURNER, GARY  
Address: 1498 OAKMONT PLACE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM  
Name: SMITH, STEPHEN  
Address: 1461 OAKMONT PLACE  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: JW BARBER

MGRM

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date