

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90106 050 ****61.25

DOCUMENT # N42973 1. Entity Name OAK POND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1322 SO. STARLING DR. INVERNESS, FL 34450 US			Mailing Address 1322 SO. STARLING DR. INVERNESS, FL 34450 US		
2. Principal Place of Business 1322 S. STARLING DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State INVERNESS, FL		City & State 		4. FEI Number 59-3052082	
Zip 34450		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACKERMAN, HAROLD 1322 SO. STARLING DR. INVERNESS, FL 34450		7. Name and Address of New Registered Agent Name WILMA ACKERMAN Street Address (P.O. Box Number is Not Acceptable) 1322 S. STARLING DR INVERNESS City FL Zip Code 34450			
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 <u><i>Wilma Ackerman</i></u> DATE <u>2/28/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITCOMB, RAYMOND F 1399 S. DOVE LOOP INVERNESS, FL 34450	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. WILHELM, DANIEL 8570 E. YELLOWLEG CT. INVERNESS, FL 34450	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEANS, BEN 1390 S. STARLING DR INVERNESS, FL 34450	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITCOMB, RAYMOND F 1399 S. DOVE LOOP INVERNESS, FL 34450	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACKERMAN, WILMA 1322 S STARLING DR INVERNESS, FL 34450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, SARAH 1397 S STARLING DR INVERNESS, FL 34452	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ERMA L. KELLY 8632 E. SURACT. INVERNESS, FL 34450	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, CAROLYN 1391 SO. STARLING DR. INVERNESS, FL 34450	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXINE WHITCOMB 1399 S. DOVE LOOP INVERNESS, FL 34450	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTIN, ISOBEL 1360 S STARLING DR INVERNESS, FL 34450	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY GEORGE 1394 S. STARLING DR INVERNESS, FL 34450	☐ Change ☒ Addition
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: <u><i>Wilma Ackerman</i></u> <u>2/28/06</u> <u>352-736-7568</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					