2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N42973

Entity Name: OAK POND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8632 E SORA CT
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

8632 E SORA CT
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-3052082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, ERNA L
8632 E SORA CT
INVERNESS, FL 34450 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: P ( ) Delete
Name: RICHARD, JOYCE
Address: 1320 S. STARLING DR
City-St-Zip: INVERNESS, FL 34450

Title: V ( ) Delete
Name: MORGAN, EDWARD
Address: 1310 S DOVEKIE TERR
City-St-Zip: INVERNESS, FL 34450

Title: ST ( ) Delete
Name: KELLY, ERNA L
Address: 8632 E SORA CT
City-St-Zip: INVERNESS, FL 34450 US

Title: D ( ) Delete
Name: HOLWIG, BONNIE
Address: 1396 S STARLING DR
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: THAYER, MEL
Address: 8631 E SORA CT
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete
Name: EILEEN, RYAN
Address: 1365 S. DOVEKIE TERRACE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHITCOMB, RAYMOND F P
Address: 1399 S DOVE LP
City-St-Zip: INVERNESS, FL 34450 US

Title: V (X) Change ( ) Addition
Name: MCDONALD, DON V
Address: 1300 S STARLING DR
City-St-Zip: INVERNESS, FL 34450 US

Title: S (X) Change ( ) Addition
Name: SCHWARTZ, KATHERINE S
Address: 1350 S DOVEKIE TERR
City-St-Zip: INVERNESS, FL 34450 US

Title: T (X) Change ( ) Addition
Name: KELLY, ERNA L T
Address: 8632 E SORA CT
City-St-Zip: INVERNESS, FL 34450 US

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

Title: D (X) Change ( ) Addition
Name: WOLVERTON, BETTY D
Address: 8641 E SORA CT
City-St-Zip: INVERNESS, FL 34450 US

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: ERNA L KELLY T 03/04/2009

Electronic Signature of Signing Officer or Director — Date