

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90012 007 ****61.25

DOCUMENT # N45538

1. Entity Name

OAK KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

810 WAYNE AVE.
ALTAMONTE SPRINGS FL 32701

Mailing Address

810 WAYNE AVE.
ALTAMONTE SPRINGS FL 32701

04004134



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3095687

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOCK, CYNTHIA
803 WAYNE AVE
ALTAMONTE SPRINGS FL 32701

Name

Jorge Cummings

Street Address (P.O. Box Number is Not Acceptable)

651 Main St

City

Altamonte Springs

FL

Zip Code

32701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 TD ☒ Delete
NAME MCKECHNIE, PAT
STREET ADDRESS 787 WAYNE AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-6400

TITLE VP ☒ Change ☐ Addition
NAME Veronica Nagode
STREET ADDRESS 659 Main St
CITY-ST-ZIP Altamonte Springs FL 32701

TITLE PD ☒ Delete
NAME MOCK, CYNTHIA
STREET ADDRESS 803 WAYNE AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition
NAME Marc Middleton
STREET ADDRESS 811 Wayne Ave
CITY-ST-ZIP Altamonte Springs FL 32701

TITLE PD ☒ Delete
NAME TRIPP, BONNIE
STREET ADDRESS 802 WAYNE AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

407 312-2545

Daytime Phone #