

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90021 005 ****61.25

DOCUMENT # N45538

1. Entity Name

OAK KEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

810 WAYNE AVE.
ALTAMONTE SPRINGS FL 32701

810 WAYNE AVE.
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3095687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mock
MECK, CYNTHIA C
803 WAYNE AVE
ALTAMONTE SPRINGS FL 32701

Name

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

City

FL

Zip Code

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 September 5, 2007

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

T **GEORGE**
NAME PAINTON, GEORGE ☐ Delete
STREET ADDRESS 786 WAYNE AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

P
NAME MOCK, CYNTHIA ☐ Delete
STREET ADDRESS 803 WAYNE AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

George Painton T

7/30/07 321-229-4822