2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N93000001655

Entity Name: OAK GROVE AT KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1333 OAK GROVE COURT
KISSIMMEE, FL 34744

New Principal Place of Business:

1328 OAK GROVE COURT
KISSIMMEE, FL 34744

Current Mailing Address:

1333 OAK GROVE CT
KISSIMMEE, FL 34744

New Mailing Address:

1328 OAK GROVE CT
KISSIMMEE, FL 34744

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOELZEL, MIRIAN EVELYN
1328 OAK GROVE CT
KISSIMMEE, FL 34744 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: D ( ) Delete
Name: DIEHL, STEPHEN MR
Address: 2911 WILLOW OAK CT
City-St-Zip: KISSIMMEE, FL 34744

Title: PD ( ) Delete
Name: HOELZEL, MIRIAM MRS
Address: 1328 OAK GROVE CT
City-St-Zip: KISSIMMEE, FL 34744

Title: VD (X) Delete
Name: MELENDEZ, MIRIAM
Address: 1340 OAK GROVE CT
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: MILLER, CHARLIE MR
Address: 2901 WILLOW OAK COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: PD (X) Change ( ) Addition
Name: HOELZEL, MIRIAN MRS
Address: 1328 OAK GROVE CT
City-St-Zip: KISSIMMEE, FL 34744

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

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: MIRIAN EVELYN HOELZEL PD 04/25/2009

Electronic Signature of Signing Officer or Director — Date