

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001855

FILED  
Feb 19, 2007  
Secretary of State

**Entity Name:** ROBLEDAL/OAKHAVEN LANDOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6483 AVENIDA DE GALVEZ  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

6483 AVENIDA DE GALVEZ  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 59-3199637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TASHLIK, LARRY  
6463 AVENIDA DE GALVEZ  
NAVARRE, FL 32566 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: DP ( ) Delete  
Name: MORRIS, GREEN  
Address: 6260 CALLE DE HIDALGO  
City-St-Zip: NAVARRE, FL 32566

Title: DT ( ) Delete  
Name: FELL, CINDY  
Address: 6523 CALLE DE LAGO  
City-St-Zip: NAVARRE, FL 32566

Title: DS ( ) Delete  
Name: BOUGH, KIM S  
Address: 3063 BARCO DE VILLA  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: DEARING, SHERI  
Address: 6268 CALLE DE HIDALGO  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PETERSEN, BRUCE  
Address: 3161 CALLE DE CORTEZ  
City-St-Zip: NAVARRE, FL 32566

Title: DV (X) Change ( ) Addition  
Name: HOBERMAN, ERROL  
Address: 6441 AVENIDA DE GALVEZ  
City-St-Zip: NAVARRE, FL 32566

Title: DS (X) Change ( ) Addition  
Name: HALLIGAN, MARY E  
Address: 6483 AVENIDA DE GALVEZ  
City-St-Zip: NAVARRE, FL 32566

Title: DT (X) Change ( ) Addition  
Name: TASHLIK, JEAN  
Address: 6463 AVENIDA DE GALVEZ  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY E. HALLIGAN

DS

02/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date