2008 NOT-FOR-PROFIT CORPORATION 🕶 🔞 ANNUAL REPORT

FILED Mar 04, 2008 8:00 am Secretary of State 03-04-2008 90011 007 ****61.25

DOCUMENT # N93000002306

1. Entity Name



INC.	OGE COMMONS CONDOMIN	IUM ASSOCIATIOI	N,					
Principal Place of Business C/O GOLDSTAR MGMT CO 2435 US 19 #270 HOLIDAY, FL 34691 US		Mailing Address C/O GOLDSTAR MGMT CO 2435 US 19 #270 HOLIDAY, FL 34691 US						
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142008 _{Cl}	hg-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-319066	32		plied For ot Applicable
Zip Country		Zip Country			5. Certificate of St	tatus Desired	S8.75 Add Fee Require	litional d
	6. Name and Address of Current Reg				7. Name and Add	ress of New Re	gistered Agent	
IIIM IEC	EDEV		Na	ıme				
ULM, JEFFREY C/O GOLDSTAR MGMT CO 2435 US 19 #270		Street Addres		eet Address (P.O. Box Number is	Not Acceptable)	·	
HOLIDAY,						•		
			Cit	у	,		FL Zip Cod	9
8. The above the obligat	named entity submits this statement for thions of registered agent.	e purpose of changing its r	egistered off	ice or register	ed agent, or both, in	the State of Flori	da. I am familiar with,	and accept
						•		
SIGNATURE .	Signature, typed or printed name of registered agent and t	Itle if applicable (NOTE:	Registered Agent	t signature required	(when reinstation)	-	DATE	
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2008 Trust Fund Contribu					\$5.00 May Be Added to Fees		ke check payable to a Department of St	
10.	OFFICERS AND DIREC	TORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10
TITLE	PD	Delete	TITLE	. D	JOHN CAS	TLF.	☐ Change	Addition
name Street address	THEURINGER, BARBARA 9031 ARUNDLE PLACE		NAME STREET ADD	RESS	4922 TRG	CN LN		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIF		NEW PORT RI		34755	
TITLE	VD	☐ Delete	TITLE	<u> </u>	- 1540) OX 1 1010		☐ Change	☐ Addition
NAME	WOOD, RICHARD		NAME					_
STREET ADDRESS	9052 ARUNDLE PLACE		STREET ADD					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIF	P				
TITLE NAME	SD FUSCO, LUCILLA	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	9014 WARWICK LANE		STREET ADD	RESS				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	•	CITY-ST-ZIF	1		-		
TITLE	TD	Delete	TITLE				☐ Change	Addition
NAME	DIMARIA, MICKEY	• •	NAME					
STREET ADDRESS	4830 TROON LANE		STREET ADD					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIF					
TITLE NAME	D O'DONNELL, DERMOT	☐ Delete	TITLE NAME	PD			💢 Change	☐ Addition
STREET ADDRESS	9025 ARUNDLE PLACE		STREET ADD	RESS		÷		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIF					
TITLE	D	☐ Delete	TITLE	10			Change	☐ Addition
NAME	TUCHOLSKI, JESSIE		NAME					
STREET ADDRESS	9024 RAMSGATE DRIVE		STREET ADD					
CITY+ST+ZIP	NEW PORT RICHEY, FL	Allian dans and a 198 C	CITY-ST-ZIE		in Observation 710 71	data Orași - 15		
i r≖ i uĕtebă č	certify that the information supplied with this	siming does not quality for	trie exemption	ons contained	in Chapter 119, Flor	ijoa Statutes. I fu	riner certify that the in	rormation

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