

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90048 025 ****61.25

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # N93000002391 | | | | | |
| 1. Entity Name OAKMONT TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O PETER FISKIO 3205 OAKMONT MASON CIRCLE TAMPA, FL 33629 US | | | Mailing Address C/O PETER FISKIO 3205 OAKMONT MASON CIRCLE TAMPA, FL 33629 US | | |
| 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 59-3190470 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FISKIO, PETER 3205 OAKMONT MASON CIR. TAMPA, FL 33629 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 PD | NAME FISKIO, PETER | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3205 OAKMONT MASON CIRCLE | CITY - ST - ZIP TAMPA, FL 33629 | | NAME | STREET ADDRESS 3205 Oakmont Mason Cir. | |
| TITLE STD | NAME KNIGHT, ODIOS | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3205 OAKMONT MASON CIRCLE | CITY - ST - ZIP TAMPA, FL 33629 | | NAME | STREET ADDRESS | |
| TITLE VPD | NAME SMITH, DANA | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 3011A WEST MASON STREET | CITY - ST - ZIP TAMPA, FL 33629 | | NAME | STREET ADDRESS | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | | NAME | STREET ADDRESS | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | NAME | STREET ADDRESS | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | | NAME | STREET ADDRESS | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | NAME | STREET ADDRESS | |
| 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: <i>Peter Fiskio</i> | | | 1-3-2007 813-805-6514 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |