


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N93000002391</b>					
<b>1. Entity Name</b> <b>OAKMONT TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> C/O PETER FISKIO 3205 OAKMONT MASON CIRCLE TAMPA, FL 33629 US			<b>Mailing Address</b> C/O PETER FISKIO 3205 OAKMONT MASON CIRCLE TAMPA, FL 33629 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-3190470</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FISKIO, PETER 3205 OAKMONT MASON CIR. TAMPA, FL 33629			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> FISKIO, PETER		<b>TITLE</b> STD	<b>NAME</b> Moran, Sean	
<b>STREET ADDRESS</b> 3205 OAKMONT MASON CIRCLE	<b>CITY-ST-ZIP</b> TAMPA, FL 33629		<b>STREET ADDRESS</b> 3204 Oakmont Mason Cir.	<b>CITY-ST-ZIP</b> Tampa, FL 33629	
<b>TITLE</b> STD	<b>NAME</b> KNIGHT, ODIUS		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 3202 OAKMONT MASON CIR	<b>CITY-ST-ZIP</b> TAMPA, FL 33629		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> VPD	<b>NAME</b> SMITH, DANA		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 3011A WEST MASON STREET	<b>CITY-ST-ZIP</b> TAMPA, FL 33629		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	

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07 MAY 17 PM 1:38  
STATE OF FLORIDA



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**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:** *Peter Fiskio* 5-1-07