2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000004609

1. Entity Name
OAK SHADOW HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
3140 OAK SHADOW LANE PENSACOLA, FL 32504 US	3140 OAK SHADOW LN PENSACOLA, FL 32504 US

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01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3218677

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CUSHING, BRENDA C
3140 OAK SHADOW LANE
PENSACOLA, FL 32504

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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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000610992
02/02/07-80043-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CUSHING, BRENDA
STREET ADDRESS	3140 OAK SHADOW LN
CITY ST ZIP	PENSACOLA, FL 32504
TITLE	PD
NAME	WHITE, CHARLES DR.
STREET ADDRESS	3151 OAK SHADOW LANE
CITY ST ZIP	PENSACOLA, FL 32504
TITLE	SD
NAME	WILSON, CAROLINE
STREET ADDRESS	3100 OAK SHADOW LANE
CITY ST ZIP	PENSACOLA, FL 32504
TITLE	VPD
NAME	MENTEL, DAN
STREET ADDRESS	3131 OAK SHADOW LN.
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Brenda C. Cushing Brenda C. Cushing 01-26-07 850 433-2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE