


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004609</b> 1. Entity Name OAK SHADOW HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.	
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Principal Place of Business 3140 OAK SHADOW LANE PENSACOLA, FL 32504 US	Mailing Address 3140 OAK SHADOW LN PENSACOLA, FL 32504 US
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**DO NOT WRITE IN THIS SPACE**

01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3218677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature is required when registering)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000783848 01/16/08-80031-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CUSHING, BRENDA 3140 OAK SHADOW LN PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITE, CHARLES DR. 3151 OAK SHADOW LANE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILSON, CAROLINE 3100 OAK SHADOW LANE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MENTEL, DAN 3131 OAK SHADOW LN. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 I/we empowered.

**SIGNATURE:** Brenda C Cushing Brenda Cushing 01-10-08 8504332447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Phone #