

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004609

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

3140 OAK SHADOW LANE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

3140 OAK SHADOW LN
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3218677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CUSHING, BRENDA
Address: 3140 OAK SHADOW LN
City-St-Zip: PENSACOLA, FL 32504

Title: PD () Delete
Name: WHITE, CHARLES DR.
Address: 3151 OAK SHADOW LANE
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: WILSON, CAROLINE
Address: 3100 OAK SHADOW LANE
City-St-Zip: PENSACOLA, FL 32504

Title: VPD () Delete
Name: MENTEL, DAN
Address: 3131 OAK SHADOW LN.
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN MENTEL

VPD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date