2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N94000002283

Entity Name: OAK RIVER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1808 S.W. 24 AVENUE
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

1808 S.W. 24 AVENUE
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0500927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOLD, JEROMY VICTOR
1808 S.W. 24 AVENUE
FORT LAUDERDALE, FL 33312 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: P ( ) Delete
Name: FOUNDS, DAVID
Address: 1919 S.W. 24 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP ( ) Delete
Name: TURNAU, BRIAN
Address: 1828 S.W. 24 TH TER
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: T ( ) Delete
Name: SALERNO, CONNIE
Address: 1808 S.W. 24 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: S ( ) Delete
Name: COHN, JAMIE
Address: 1818 S.W. 24 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

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: CONNIE SALERNO T 06/23/2009
Electronic Signature of Signing Officer or Director — Date