

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002349

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: OAKLEDGE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

17316 OAK LEDGE DRIVE  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

17316 OAK LEDGE DRIVE  
LUTZ, FL 33549 US

**New Mailing Address:**

17316 OAK LEDGE DRIVE  
LUTZ, FL 33549

FEI Number: 59-3296604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUNTER, JAMES M TRESURE  
17316 OAK LEDGE DRIVE  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

HUNTER, JAMES M TREASUR  
17316 OAK LEDGE DRIVE  
LUTZ, FL 33549 US

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: JAMES M. HUNTER, TREASURER

01/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMPSON, LARRY  
Address: 17321 OAK LEDGE DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: HUNTER, JAMES M  
Address: 17316 OAK LEDGE DR  
City-St-Zip: LUTZ, FL 33549

Title: SPC ( ) Delete  
Name: DAVIES, BARBARA  
Address: 17304 OAK LEDGE DRIVE  
City-St-Zip: LUTZ, FL 33549

**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:

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: JAMES M. HUNTER

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date