

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004872

FILED
Feb 28, 2005
Secretary of State

Entity Name: OAK GROVE P.U.D. HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8105 SR 54
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

24724 STATE RD. 54
239
LUTZ, FL 33559 US

Current Mailing Address:

8105 SR 54
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

24724 STATE RD. 54
239
LUTZ, FL 33559 US

FEI Number: 59-3392567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCK, PATRICIA O
8105 SR 54
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

MOON, SHARON L TREASUR
24724 STATE RD. 54
239
LUTZ, FL 33559 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: SHARON L. MOON

02/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: ORSI, JOE
Address: 8105 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD () Delete
Name: ORSI, JULIE ANNE
Address: 8105 STATE ROAD 54
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD () Delete
Name: BUCK, PATRICIA O
Address: 8105 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DILBERT, JOEL PRESIDE
Address: 24724 STATE RD. 54 # 239
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Change () Addition
Name: NARKIEVICH, TERINA VP
Address: 24724 STATE RD. 54 # 239
City-St-Zip: LUTZ, FL 33559

Title: SEC (X) Change () Addition
Name: AYALA, JEAN SECRETA
Address: 24724 STATE RD. 54 # 239
City-St-Zip: LUTZ, FL 33559

Title: TREA () Change (X) Addition
Name: MOON, SHARON L TREASUR
Address: 24724 STATE RD 54 # 239
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON L. MOON

TREA

02/28/2005

Electronic Signature of Signing Officer or Director

Date