

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004872

FILED
Apr 17, 2006
Secretary of State

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

Current Principal Place of Business:

24724 STATE RD. 54
239
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

24724 STATE RD. 54
239
LUTZ, FL 33559 US

New Mailing Address:

FEI Number: 59-3392567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOON, SHARON L TREASUR
24724 STATE RD. 54
239
LUTZ, FL 33559 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: PRES () Delete
Name: DILBERT, JOEL PRESIDE
Address: 24724 STATE RD. 54 # 239
City-St-Zip: LUTZ, FL 33559

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SHARON L. MOON

TREA

04/17/2006

Electronic Signature of Signing Officer or Director

Date