2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004872

FILED Jaņ 16, 2<u>00</u>7 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

24724 STATE RD. 54 2209 COLLIER PARKWAY

141

LUTZ, FL 33559 LAND O' LAKES, FL 34639 US

Current Mailing Address: New Mailing Address:

24724 STATE RD. 54 2209 COLLIER PARKWAY

LUTZ, FL 33559 US

LAND O' LAKES, FL 34639 US

FEI Number: 59-3392567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MOON, SHARON L TREASUR GARCIA, MICHELLE TREASUR 24724 STATE RD. 54 2209 COLLIER PARKWAY 239

LUTZ, FL 33559 US LAND O' LAKES, FL 34639 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: MICHELLE GARCIA 01/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete NARKIEVICH, TERINA PRESIDE LORENZEN, ROBERT PRES Name: Name: 24724 STATE RD. 54 # 239 Address: 2209 COLLIER PARKWAY, SUITE 141 Address:

LUTZ, FL 33559 City-St-Zip: City-St-Zip: LAND O' LAKES, FL 34639

Title: Title: (X) Change () Addition () Delete LORENZEN, ROBERT VP Name: GARCIA, MICHELLE TREAS Name: Address: Address:

24724 STATE RD. 54 # 239 2209 COLLIER PARKWAY, SUITE 141

City-St-Zip: LUTZ, FL 33559 City-St-Zip: LAND O' LAKES, FL 34639

Title: **TREA** () Delete Title: (X) Change () Addition CULLISON, GREGORY DIR MOON, SHARON L TREASUR Name: Name: 24724 STATE RD 54 # 239 Address: Address: 2209 COLLIER PARKWAY, SUITE 141

City-St-Zip: LUTZ. FL 33559 City-St-Zip: LAND O' LAKES, FL 34639

Title: () Delete Title: DIR () Change (X) Addition

Name: Name: FROMOWITZ, ALLEN DIR Address: Address:

2209 COLLIER PARKWAY, SUITE 141 City-St-Zip:

City-St-Zip: LAND O' LAKES, FL 34639

Title: () Delete Title: () Change (X) Addition

DONNELLY, LINDA DIR Name: Name:

2209 COLLIER PARKWAY, SUITE 141 Address: Address: City-St-Zip: City-St-Zip: LAND O' LAKES, FL 34639

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: MICHELLE GARCIA **TREA** 01/16/2007