2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N95000005603

Entity Name: O H HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

543 NW LAKE WHITNEY PLACE
SUITE 101
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

543 NW LAKE WHITNEY PLACE
SUITE 101
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0748408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRISTOL, MANAGEMENT
543 NW LAKE WHITNEY PLACE SUITE 101
PORT SAINT LUCIE, FL 34986 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:	BRAUN, KEITH	
Address:	8537 BELFRY PLACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	VP	( ) Delete
Name:	MAURE, HURT	
Address:	8410 BELFRY PLACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	S	( ) Delete
Name:	SCHEPER, KATHY	
Address:	8502 BELFRY PLACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	T	( ) Delete
Name:	BOHEN, JUDY	
Address:	8554 BELFRY PLACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	D	( ) Delete
Name:	ROHEN, JUDITH	
Address:	8534 BELFRY PL.	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:	D	(X) Delete
Name:	NELSON, CARL	
Address:	8513 BELFRY PL	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	SCHERER, KATHY	
Address:	8502 BELFRY PLACE	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	POOLE, JUDITH	
Address:	8437 BELFRY PL.	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	
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: KEITH BRAUN P 04/27/2009

Electronic Signature of Signing Officer or Director — Date