

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000358

FILED
Apr 23, 2008
Secretary of State

Entity Name: WHITE OAK VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2605 SW 33RD ST
STE 200
OCALA, FL 34474

New Principal Place of Business:

C/O 2801 SW COLLEGE RD
UNIT 18
OCALA, FL 34474

Current Mailing Address:

PO BOX 2495
OCALA, FL 34478

New Mailing Address:

C/O PO BOX 5130
OCALA, FL 34478

FEI Number: 59-3423955

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:

FOWLER, DEBRA
2801 SW COLLEGE RD
UNIT 18
OCALA, FL 34474 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: DEBRA FOWLER

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUINN, WILLIAM
Address: POB 6303
City-St-Zip: OCALA, FL 34474

Title: STD () Delete
Name: BALESTRIERI, COLLEEN
Address: 2710 SW 18TH AVE
City-St-Zip: OCALA, FL 34474

Title: D (X) Delete
Name: CLEMENTS, KRIS
Address: 2821 SW 19TH CT
City-St-Zip: OCALA, FL 34474

Title: VD (X) Delete
Name: DOW, EDITH
Address: 1817 SW 28 ST
City-St-Zip: OCALA, FL 34474

Title: D (X) Delete
Name: GUTAPFEL, JEFF
Address: 1850 SW 20TH PL
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GLASSMAN, SHARON
Address: 2801 SW COLLEGE RD UNIT 18
City-St-Zip: OCALA, FL 34474

Title: D (X) Change () Addition
Name: REHBEIN, CARL
Address: 1901 SW 28 ST
City-St-Zip: OCALA, FL 34471

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: SHARON GLASSMAN

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date