

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002620

FILED  
Apr 04, 2006  
Secretary of State

**Entity Name:** OAKS AT POWERS PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

225 S WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 327162147

**New Mailing Address:**

**FEI Number:** 59-3428572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOMACK, ELLEN R  
225 S WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 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: PD ( ) Delete  
Name: BLACKWELL, FLORENCE  
Address: 6425 RUTHIE DR.  
City-St-Zip: ORLANDO, FL 32808

Title: STD ( ) Delete  
Name: SIPP, KAREN  
Address: 3407 LAKE TINY  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: KIRKLAND, MARIA  
Address: 3500 LAKE TINY CIRCLE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ELLEN R. WOMACK

A

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date