

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002620

FILED
Apr 28, 2008
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: TD () Delete
Name: SIPP, KAREN
Address: 3407 LAKE TINY
City-St-Zip: ORLANDO, FL 32808

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

Title: SD () Delete
Name: RANSON, JOYCE
Address: 3512 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:

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: FLORENCE BLACKWELL

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date