

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001145

FILED
Jun 23, 2008
Secretary of State

Entity Name: THE OAKS AT LAKE FRONT HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3612 TWELVE OAKS CIR
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

3612 TWELVE OAKS CIR
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3538103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHMIDT, PETER PD
3612 TWELVE OAKS CIR
MERRITT ISLAND, FL 32953 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMIDT, PETER
Address: 3612 TWELVE OAKS CIR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: SINCLAIR, LEISHA
Address: 3532 TWELVE OAKS CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD () Delete
Name: POLAND, BRIAN
Address: 3542 TWELVE OAKS CIR
City-St-Zip: MERRITT ISLAND, FL 32953

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 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: PETER SCHMIDT

PD

06/23/2008

Electronic Signature of Signing Officer or Director

Date