

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001145

FILED
May 08, 2009
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:

3542 TWELVE OAKS CIR
MERRITT ISLAND, FL 32953

Current Mailing Address:

3612 TWELVE OAKS CIR
MERRITT ISLAND, FL 32953

New Mailing Address:

3542 TWELVE OAKS CIR
MERRITT ISLAND, FL 32953

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:

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

Name and Address of New Registered Agent:

POLAND, BRIAN PD
3542 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: BRIAN POLAND

05/08/2009

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: PD (X) Change () Addition
Name: POLAND, BRIAN
Address: 3542 TWELVE OAKS CIR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD (X) Change () Addition
Name: THOMAS, JIM
Address: 3502 TWELVE OAKS CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VD (X) Change () Addition
Name: BAYON, DENNIS
Address: 3512 TWELVE OAKS CIR
City-St-Zip: MERRITT ISLAND, FL 32953

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: BRIAN POLAND

PD

05/08/2009

Electronic Signature of Signing Officer or Director

Date