

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000443

FILED
Jan 03, 2007
Secretary of State

Entity Name: HOMEOWNER'S OF OAK TRACE, INC.

Current Principal Place of Business:

10469 S.W. 85 CT.
OCALA, FL 344817795

New Principal Place of Business:

Current Mailing Address:

10469 SW 85TH CT.
OCALA, FL 34481

New Mailing Address:

FEI Number: 59-3502217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOSTIELNEY, DOROTHY
10483 SW 85TH CT
OCALA, FL 34481 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: P () Delete
Name: KOSTIELNEY, DOROTHY
Address: 10483 SW 85 CT
City-St-Zip: OCALA, FL 34481

Title: VP () Delete
Name: RIDDLE, GARY I
Address: 10443 SW 85TH COURT
City-St-Zip: OCALA, FL 34481

Title: S () Delete
Name: BUFFINGTON, KAREN
Address: 10435 SW 85TH CT
City-St-Zip: OCALA, FL 34481

Title: T () Delete
Name: BINNIE, WENDY E
Address: 10469 S.W. 85TH CT
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: GANZI, KAREN
Address: 10451 SW 85 CT
City-St-Zip: OCALA, FL 34481

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:

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: WENDY E. BINNIE

T

01/03/2007

Electronic Signature of Signing Officer or Director

Date