




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90070 034 ****61.25

DOCUMENT # N98000001971 1. Entity Name NOKOMIS OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 389 HANCHEY DR NOKOMIS, FL 34275				Mailing Address 389 HANCHEY DR NOKOMIS, FL 34275	
2. Principal Place of Business - No P.O. Box # 393 Hanchey Dr Suite, Apt. #, etc.		3. Mailing Address 393 Hanchey Dr Suite, Apt. #, etc.		40032349 	
City & State Nokomis, Fl Zip 34275		City & State Nokomis, Fl Zip 34275		4. FEI Number 65-0824106	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTZMANN, DANIEL 503 JENNY DRIVE NOKOMIS, FL 34275				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT NASCIMBENI, DAVID <input checked="" type="checkbox"/> Delete 389 HANCHEY DRIVE NOKOMIS, FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLNER, RITA <input type="checkbox"/> Delete 509 JENNY DRIVE NOKOMIS, FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUTZMANN, DANIEL <input type="checkbox"/> Delete 503 JENNY COURT NOKOMIS, FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHALK, PHILIP <input type="checkbox"/> Delete 406 JEANNETTE COURT NOKOMIS, FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLOKSTRA, JEANETTE M <input type="checkbox"/> Delete 386 HANCHEY DRIVE NOKOMIS, FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRAZIER, GENNIE <input type="checkbox"/> Delete 393 HANCHEY DRIVE NOKOMIS, FL 34275			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frazer, Jennie S
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Jennie S Frazer					
Date 2/18/08 Daytime Phone #					