2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N98000001971

Entity Name: NOKOMIS OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

393 HANCHEY DR
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

393 HANCHEY DR
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-0824106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTZMANN, DANIEL
503 JENNY DRIVE
NOKOMIS, FL 34275 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:	DVT	(X) Delete
Name:	NASCIMBENI, DAVID	
Address:	389 HANCHEY DRIVE	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	DVP	( ) Delete
Name:	MILLNER, RITA	
Address:	509 JENNY DRIVE	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	DP	( ) Delete
Name:	GUTZMANN, DANIEL	
Address:	503 JENNY COURT	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	DVP	( ) Delete
Name:	SCHALK, PHILIP	
Address:	406 JEANNETTE COURT	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	DVP	( ) Delete
Name:	FLOKSTRA, JEANETTE M	
Address:	386 HANCHEY DRIVE	
City-St-Zip:	NOKOMIS, FL 34275	
Title:	DVP	( ) Delete
Name:	FRAZIER, GENNIE	
Address:	393 HANCHEY DRIVE	
City-St-Zip:	NOKOMIS, FL 34275	

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:		
Title:	DVP	(X) Change ( ) Addition
Name:	FRAZER, JENNIE S	
Address:	393 HANCHEY DRIVE	
City-St-Zip:	NOKOMIS, FL 34275	

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: JENNIE S. FRAZER DT 03/17/2009

Electronic Signature of Signing Officer or Director — Date