

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002655

FILED
Apr 27, 2008
Secretary of State

Entity Name: OAKLAND HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8208 CR 109, D-1
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

8208 CR 109, D-1
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3551576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAND, MARIE T
8208 CR 109 D 1
LADY LAKE, FL 32159 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: DP () Delete
Name: BRAND, MARIE T
Address: 8208 CR 109 D 1
City-St-Zip: LADY LAKE, FL 32159

Title: DV () Delete
Name: POSS, CHARLOTTE
Address: 13931 CR 109 F
City-St-Zip: LADY LAKE, FL 32159

Title: DV () Delete
Name: JIM, BRAND
Address: 8208 CR 109 D 1
City-St-Zip: LADY LAKE, FL 32159

Title: DS () Delete
Name: DOUGHERTY, CASSIE
Address: 13605 CR 109
City-St-Zip: LADY LAKE, FL 32159

Title: DT () Delete
Name: BENEDICT, CHARLOTTE
Address: 8309 CR109
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: CHOATE, HAROLD
Address: 13571 CR 109 E
City-St-Zip: LADY LAKE, FL 32159

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: DS (X) Change () Addition
Name: HOWARD, JOYCE
Address: 7813 CR 109 E
City-St-Zip: LADY LAKE, FL 32159

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: MARIE T BRAND

DP

04/27/2008

Electronic Signature of Signing Officer or Director

Date