

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N99000002473

1. Entity Name
**THE OAKS AT LAKE DORR OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**200 S. ORANGE AVE., STE. 2300
ORLANDO, FL 32801**

Mailing Address
**200 S. ORANGE AVE., STE. 2300
ORLANDO, FL 32801**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FE# Number
59-3727613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHARP, JOEL H JR.
200 S. ORANGE AVE., STE. 2300
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SHARP, JOEL H JR.**
STREET ADDRESS **200 S. ORANGE AVE., STE. 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D**
NAME **THIELHELM, ROBERT W JR.**
STREET ADDRESS **200 S. ORANGE AVE., STE. 2300**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D**
NAME **WILSON, THOMAS B**
STREET ADDRESS **P.O. BOX 825**
CITY-ST-ZIP **ALTOONA, FL 32702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000868901
04/09/08-80027-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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 any other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #