2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # N99000005222 1. Entity Name 04-09-2004 90036 025 ****61.25 OAK RUN HOMEOWNERS ASSOCIATION OF ZEPHYRHILLS, INC. Principal Place of Business Mailing Address 37609 LAUREL HAMMOCK DR ZEPHYRHILLS FL 33541 37550 LAUREL HAMMOCK DR ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3669709 Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . __ __ _ _ -GOLDEN, ELLEN Street Address (P.O. Box Number is Not Acceptable) 37550 LÁUREL HAMMOCK DR ZEPHYRHILLS FL 33541 City 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 -Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE OT TIT) F Delete Change ☐ Addition RYMAN, KEVIN NAME NAME Golden, Ellen 37325 STATE ROAD 54 W. 37550 lawel Hammock Drive STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 Physhils FL 33541 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition Hurlbert, Donald GOLDEN, ELLEN NAME NAME 37600 Caurel Hammock Dile 37550 LAUREL HAMMOCK DRIVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIP Zephynhills FL 33541 TITLE ☐ Delete TITLE Addition nottle Robert ---HUEBERT, DONALD NAME NAME 37530 laured Hammock Rive 37600 LAUREL HAMMOCK DRIVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIP Zphychills PL 33541 ☐ Delete TITLE ☐ Change Addition niepoettor, meiba NAME NAME STREET ADDRESS 37516 laural Hommock Onine STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ephylills FL 33541 TITLE ☐ Delete TITLE ☐ Change [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED