
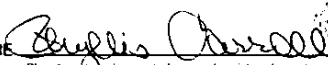
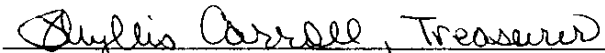


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90019 046 \*\*\*\*61.25

<b>DOCUMENT # N99000005222</b> 1. Entity Name <b>OAK RUN HOMEOWNERS ASSOCIATION OF ZEPHYRHILLS, INC.</b>					
Principal Place of Business <b>37609 LAUREL HAMMOCK DR ZEPHYRHILLS, FL 33541</b>			Mailing Address <b>37550 LAUREL HAMMOCK DR ZEPHYRHILLS, FL 33541</b>		
2. Principal Place of Business - No P.O. Box # <b>37508 Laurel Hammock Dr</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Zephyrhills, FL</b>		City & State		4. FEI Number <b>59-3669709</b>	
Zip <b>33541</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLDEN, ELLEN 37550 LAUREL HAMMOCK DR ZEPHYRHILLS, FL 33541</b>			7. Name and Address of New Registered Agent Name <b>Phyllis Carroll</b> Street Address (P.O. Box Number is Not Acceptable) <b>37508 Laurel Hammock Drive</b> City <b>Zephyrhills</b> <b>FL</b> Zip Code <b>33541</b>		
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  <b>Phyllis Carroll, Treasurer</b> <small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLDEN, ELLEN 37550 LAUREL HAMMOCK DRIVE ZEPHYRHILLS, FL 33541</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TWARDOSZ, MICHAEL 37547 LAUREL HAMMOCK DR ZEPHYRHILLS, FL 33541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NIEPOETTER, MELBA 37516 LAUREL HAMMOCK DR ZEPHYRHILLS, FL 33541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CARROLL, DAVID 37508 LAUREL HAMMOCK DR ZEPHYRHILLS, FL 33541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CARROLL, PHYLLIS 37508 LAUREL HAMMOCK DR. ZEPHYRHILLS, FL 33541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b>  <b>Phyllis Carroll, Treasurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/29/08</b> <small>Date</small>		<b>813-794-6304</b> <small>Daytime Phone #</small>