

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005222

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** OAK RUN HOMEOWNERS ASSOCIATION OF ZEPHYRHILLS, INC.

**Current Principal Place of Business:**

37508 LAUREL HAMMOCK DR  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

37508 LAUREL HAMMOCK DR  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

37550 LAUREL HAMMOCK DR  
ZEPHYRHILLS, FL 33541

**New Mailing Address:**

37508 LAUREL HAMMOCK DRIVE  
ZEPHYRHILLS, FL 33542

**FEI Number:** 59-3669709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARROLL, PHYLLIS  
37508 LAUREL HAMMOCK DRIVE  
ZEPHYRHILLS, FL 33541 US

**Name and Address of New Registered Agent:**

CARROLL, PHYLLIS  
37508 LAUREL HAMMOCK DRIVE  
ZEPHYRHILLS, FL 33542 US

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: \_\_\_\_\_

01/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: TWARDOSZ, MICHAEL  
Address: 37547 LAUREL HAMMOCK DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S ( ) Delete  
Name: NIEPOETTER, MELBA  
Address: 37516 LAUREL HAMMOCK DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: DP ( ) Delete  
Name: CARROLL, DAVID  
Address: 37508 LAUREL HAMMOCK DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T ( ) Delete  
Name: CARROLL, PHYLLIS  
Address: 37508 LAUREL HAMMOCK DR.  
City-St-Zip: ZEPHYRHILLS, FL 33541

**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:

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: PHYLLIS CARROLL

TREA

01/26/2009

Electronic Signature of Signing Officer or Director

Date