

2007 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90019 048 ****61.25

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1. Entity Name

LITHIA OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

3007 WISTER CIRCLE
VALRICO FL 33594

Mailing Address

3007 WISTER CIRCLE
VALRICO FL 33594

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2951165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, CAROL
3007 WISTER CIRCLE
VALRICO FL 33594

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME ROBINSON, ROBERT
STREET ADDRESS 3007 WISTER CIRCLE
CITY- ST- ZIP VALRICO FL

TITLE ☐ Delete
NAME HOLCOMBE, J. MARIE
STREET ADDRESS 3005 WISTER CIRCLE
CITY- ST- ZIP VALRICO FL

TITLE ☐ Delete
NAME NORVELL, DAVID
STREET ADDRESS 2015 WILTON LANE
CITY- ST- ZIP VALRICO FL

TITLE ☐ Delete
NAME DIXON, WILLIAM
STREET ADDRESS 2104 DOEFIELD COURT
CITY- ST- ZIP VALRICO FL 33594

TITLE ☐ Delete
NAME HAMM, BARBARA
STREET ADDRESS 3013 WILTON LANE
CITY- ST- ZIP VALRICO FL 33594

TITLE ☒ Delete
NAME HYDE, LEIGHTON
STREET ADDRESS 3004 WILTON LANE
CITY- ST- ZIP VALRICO FL 33594

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME S Garzon, Susan
STREET ADDRESS 3038 Wister Circle
CITY- ST- ZIP Valrico, FL 33594

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

J. Marie Holcombe J. Marie Holcombe 3-8-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #