

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767486

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

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2951165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CAROL
3007 WISTER CIRCLE
VALRICO, FL 33594

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, ROBERT 3007 WISTER CIRCLE VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOLCOMBE, J. MARIE 3005 WISTER CIRCLE VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORVELL, DAVID 2015 WILTON LANE VALRICO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIXON, WILLIAM 2104 DOEFIELD COURT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMM, BARBARA 3013 WILTON LANE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARZON, SUSAN 3038 WISTER CIR. VALRICO, FL 33594

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07/14/08-80004-014 61.25

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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 all other like empowered.

SIGNATURE: Susan Garzon SUSAN GARZON 7-10-08 813-571-5655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #