

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 31 AM 9:25

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12/31/07--01018--002 **61.25



DOCUMENT # 768329 1. Entity Name OAK MEADOW CONDOMINIUM ASSOCIATION OF PENSACOLA, INCORPORATED					
Principal Place of Business 7225 W. FAIRFIELD DRIVE PENSACOLA, FL 32506 US		Mailing Address P. O. BOX 36185 PENSACOLA, FL 32516-6185 US			
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		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUECHLER, FRANCINE 7225 W FAIRFIELD DR UNIT C-3 PENSACOLA, FL 32506				Name Karl Cain Street Address (P.O. Box Number is Not Acceptable) 7225 W. Fairfield DR Unit D-3 PENSACOLA City PENSACOLA FL Zip Code 32506	
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 _____ <small>Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, DOT 7225 W. FAIRFIELD DR B-1 PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Eric Lange 7225 W. FAIRFIELD DRIVE APT F-2 PENSACOLA, FLORIDA 32506		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD PERKINS, BONNIE 7225 W. FAIRFIELD DRIVE, F-1 PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES ELLIS 7225 W. FAIRFIELD DRIVE APT F-6, F-7 PENSACOLA, FLORIDA 32506		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUECHLER, FRANCINE 7225 W. FAIRFIELD DR. B-7 PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karl Cain 7225 W. FAIRFIELD DRIVE APT D-3 PENSACOLA, FLORIDA 32506		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BENNETT, DORIS 7225 W. FAIRFIELD DRIVE, C-7 PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathy Meroer 7225 W. FAIRFIELD DRIVE APT C-7 PENSACOLA, FLORIDA 32506		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD MITCHELL, BRENDA 7225 W. FAIRFIELD DRIVE, A-5 PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dot King 7225 W. FAIRFIELD DRIVE APT B-1 PENSACOLA, FLORIDA 32506		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY 13/11/08 57/08	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Debbie Augustine 7225 W. FAIRFIELD DRIVE APT D-6 PENSACOLA, FLORIDA 32506		
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: Karl Cain		12/10/07 (850) 723-5215			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			