


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

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



1st MOORE CR2E037 (10/07)

4. FEI Number 59-2296537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAIN, KARL 7225 W FAIRFIELD DR UNIT D-3 PENSACOLA FL 32506		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	BM KING, DOT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7225 W. FAIRFIELD DRIVE, APT B-1	NAME	
STREET ADDRESS	PENSACOLA FL 32506	STREET ADDRESS	U00000868771
CITY-ST-ZIP		CITY-ST-ZIP	04/09/08-80023-014 61.25
TITLE	S AUGUSTINE, DEBBIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7225 W. FAIRFIELD DRIVE, APT D-6	NAME	
STREET ADDRESS	PENSACOLA FL 32506	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	BM MERCER, KATHY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7225 W. FAIRFIELD DRIVE, APT C-7	NAME	
STREET ADDRESS	PENSACOLA FL 32506	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P CAIN, KARL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7225 W. FAIRFIELD DRIVE, APT D-3	NAME	
STREET ADDRESS	PENSACOLA FL 32506	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	BM ELLIS, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7225 W. FAIRFIELD DRIVE, APT F-6, F-7	NAME	
STREET ADDRESS	PENSACOLA FL 32506	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T LANGE, ERIC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7225 W. FAIRFIELD DRIVE, APT F-2,	NAME	
STREET ADDRESS	PENSACOLA FL 32506	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: