


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90041 044 ****61.25

DOCUMENT # N01000008928

1. Entity Name
OAK GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 11200 U.S. 27 SOUTH, LOT 27
 SEBRING, FL 33876

Mailing Address
 C/O RICHARD A. JAMES
 11200 US 27 SOUTH, LOT 21
 SEBRING, FL 33876-8505

2. Principal Place of Business - No P.O. Box #
122 QUIVER LEAF ST.


3. Mailing Address
 Suite, Apt. #, etc.
C/O RICHARD A. JAMES
122 QUIVER LEAF ST.

City & State
SEBRING FL

City & State
SEBRING FL

Zip
33876

Country
USA



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0551856

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, RICHARD A
11200 US HWY SOUTH- LOT #21
SEBRING, FL 33876

7. Name and Address of New Registered Agent

Name
JAMES, RICHARD A.

Street Address (P.O. Box Number is Not Acceptable)
122 QUIVER LEAF ST.

City
SEBRING

State
FL

Zip Code
33876

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 *Richard A. James* **RICHARD A. JAMES** **2/20/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, RICHARD A	
STREET ADDRESS	11200 US HWY 27 SOUTH LOT #21	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANGSTON, ANNE	
STREET ADDRESS	11200 US 27 SOUTH #13	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CLIFFORD, CHARLENE	
STREET ADDRESS	11200 US HWY SOUTH LOT # 41	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JAMES, LINDA	
STREET ADDRESS	11200 US 27 SOUTH 321	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, RICHARD A	
STREET ADDRESS	122 QUIVER LEAF ST.	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON GRUNWELL	
STREET ADDRESS	137 QUIVER LEAF ST	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, CHARLENE	
STREET ADDRESS	105 QUIVER LEAF ST.	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, LINDA	
STREET ADDRESS	122 QUIVER LEAF ST.	
CITY-ST-ZIP	SEBRING FL 33876	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard A. James* **RICHARD A. JAMES** **2-20-08**

Signature and typed or printed name of signing officer or director Date Daytime Phone #