

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003533

FILED
Apr 28, 2008
Secretary of State

Entity Name: OAKLEYS MUD RIVER SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5322 FELKER DR
WEEKI WACHEE, FL 34607

New Principal Place of Business:

Current Mailing Address:

5322 FELKER DR
WEEKI WACHEE, FL 34607

New Mailing Address:

FEI Number: 56-2399615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBY, H. CLYDE
5709 TIDALWAVE DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

HOBBY, H. CLYDE
5709 TIDALWAVE DR
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

04/28/2008

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHARLES, SHEILA H
Address: 5322 FELKER DR
City-St-Zip: WEEKI WACHEE, FL 34607

Title: DV () Delete
Name: BELL, ALICE B
Address: 5340 FELKER DR
City-St-Zip: WEEKI WACHEE, FL 34607

Title: DS () Delete
Name: WOODCOCK, NELL M
Address: 5250 FELKER DR
City-St-Zip: WEEKI WACHEE, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA H CHARLES

Electronic Signature of Signing Officer or Director

P

04/28/2008

Date