


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90105 012 ****61.25

DOCUMENT # N05000000823					
1. Entity Name OAK CROSSING MASTER ASSOCIATION, INC.					
Principal Place of Business 2000 EAST EDGEWOOD DRIVE, SUITE 103 LAKELAND, FL 33803			Mailing Address 3361 W. VINE STREET 208 KISSIMMEE, FL 34741		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLORIDA ASSOCIATION MANAGEMENT, INC. C/O DAVE BOYD 3361 W. VINE STREET, STE 208 KISSIMMEE, FL 34741				Name <i>Ch Dollie Boyd</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>3361 W. Vine Street, Ste 208</i>	
				City <i>Kissimmee</i>	
				State FL	
				Zip Code <i>34741</i>	
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 <i>Dollie Boyd, LCAM</i>		SIGNATURE <i>Dollie Boyd</i>		DATE <i>1/19/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LADERER, EDWARD H JR.	NAME			
STREET ADDRESS	2000 EAST EDGEWOOD DRIVE, SUITE 103	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMAN, L.K.	NAME			
STREET ADDRESS	P.O. BOX 7357	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33807	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REHBERG, JAMES H	NAME			
STREET ADDRESS	6802 SHIMMERING DRIVE	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		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 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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>1/29/07</i>	
				Daytime Phone # <i>407-483-1301</i>	



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3327736

Applied For
 Not Applicable

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