


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90063 035 ****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 # <i>102 Park Place Blvd</i>		3. Mailing Address <i>102 Park Place Blvd</i>	
Suite, Apt. #, etc. <i>D-2</i>		Suite, Apt. #, etc. <i>D-2</i>	
City & State <i>Kissimmee, FL</i>		City & State <i>Kissimmee, FL</i>	
Zip <i>34741</i>		Country <i>Osceola</i>	
Zip <i>34741</i>		Country <i>Osceola</i>	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. C/O DOLLIE BOYD 3361 W. VINE STREET, STE 208 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>102 Park Place Blvd</i> <i>Suite D-2</i> City <i>Kissimmee</i> FL Zip Code <i>34741</i>	
8. The above named entity admits 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</i> DATE <i>2/19/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADERER, EDWARD H JR. 2000 EAST EDGEWOOD DRIVE, SUITE 103 LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Brower, Glen</i> <i>525 Willet Cir.</i> <i>Auburndale, FL 33823</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, L.K. P.O. BOX 7357 LAKELAND, FL 33807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Hauseknecht Jean</i> <i>526 Willet Cir.</i> <i>Auburndale, FL 33823</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHBERG, JAMES H 6802 SHIMMERING DRIVE LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Fedderly Thomas</i> <i>557 Pmtail Cir.</i> <i>Auburndale, FL 33823</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>		Date <i>2-28-08</i> Daytime Phone # <i>407-483-1301</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			