

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003140

**FILED  
Jan 27, 2015  
Secretary of State  
CC3858230218**

**Entity Name:** OAK CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

544 WILLET CIRCLE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

544 WILLET CIRCLE  
AUBURNDALE, FL 33823

**FEI Number: 20-3327674**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOTAL PROPERTY MANAGEMENT OF CENTRAL FLA.  
544 WILLET CIRCLE  
AUBURNDALE, FL 33823 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           EBERT, TIM  
Address        553 PINTAIL CIRCLE  
City-State-Zip: AUBURNDALE FL 33823

Title           SECRETARY  
Name           HYDE, KIMBERLY  
Address        548 PINTAIL CIRCLE  
City-State-Zip: AUBURNDALE FL 33823

Title           PRESIDENT  
Name           RAYSIN, JOSHUA  
Address        504 PINTAIL CIR  
City-State-Zip: AUBURNDALE FL 33823

*I hereby 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 all other like empowered.*

**SIGNATURE: JOSHUA RAYSIN**

**PRESIDENT**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date