


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90073 035 ****61.25

DOCUMENT # N05000003140 1. Entity Name OAK CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2000 E. EDGEWOOD DRIVE, STE. 103 LAKELAND, FL 33803		Mailing Address 3361 W. VINE STREET, #208 KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # 102 Park Place Blvd Suite, Apt. #, etc. D-2		3. Mailing Address 102 Park Place Blvd Suite, Apt. #, etc. D-2	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34741		Country Osceola	
4. FEI Number 20-3327674		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. C/O DOLLIE BOYD 3361 W. VINE STREET, SUITE 208 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 Park Place Blvd Suite D-2 City Kissimmee FL Zip Code 34741	
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 <u>Dollie Boyd, agent</u> DATE <u>2/19/08</u> <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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME LADERER, EDWARD H. JR. <input checked="" type="checkbox"/> Delete STREET ADDRESS 2000 E. EDGEWOOD DRIVE, STE. 103 CITY-ST-ZIP LAKELAND, FL 33803	TITLE DP NAME Provenza, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 540 Pintail Cir. CITY-ST-ZIP Auburndale, FL 33823		
TITLE D NAME HOFFMAN, L.K. <input checked="" type="checkbox"/> Delete STREET ADDRESS P.O. BOX 7357 CITY-ST-ZIP LAKELAND, FL 33807	TITLE DVP NAME Holton, Erik <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 608 Pintail Cir CITY-ST-ZIP Auburndale, FL 33823		
TITLE D NAME REHBERG, JAMES H. <input checked="" type="checkbox"/> Delete STREET ADDRESS 6802 SHIMMERING DRIVE CITY-ST-ZIP LAKELAND, FL 33813	TITLE D/S/T NAME Fedderly, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 657 Pintail Cir. CITY-ST-ZIP Auburndale, FL 33823		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-24-08</u> Daytime Phone # <u>9670116</u>	

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