

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 09, 2009
Secretary of State**

DOCUMENT# N05000003140

Entity Name: OAK CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

102 PARK PL BLVD
D-2
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

102 PARK PL BLVD
D-2
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-3327674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION MANAGEMENT, INC.
102 PRK PL BLVD STE D-2
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

FLORIDA ASSOCIATION MANAGEMENT, INC.
102 PARK PL BLVD STE D-2
KISSIMMEE, FL 34741 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: _____ Date: 02/09/2009
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PROVENZA, MICHAEL
Address: 540 PINTAIL CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: DVP () Delete
Name: HOLTON, ERIK
Address: 608 PINTAIL CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: DST () Delete
Name: FEDDERLY, THOMAS
Address: 557 PINTAIL CIR
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PROVENZA, MICHAEL
Address: 540 PINTAIL CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: PD (X) Change () Addition
Name: HOLTON, ERIK
Address: 608 PINTAIL CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: STD (X) Change () Addition
Name: WHITING, ERIC
Address: 508 PINTAIL CIR
City-St-Zip: AUBURNDALE, FL 33823

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: DOLLIE BOYD AGEN Date: 02/09/2009
Electronic Signature of Signing Officer or Director