


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/3/2007-90007-024-\$61.25-\$61.25

FILED

07 MAY -3 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000011349					
1. Entity Name OAK BLUFF NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5514 PARK BOULEVARD PINELLAS PARK, FL 33781			Mailing Address 5514 PARK BOULEVARD PINELLAS PARK, FL 33781		
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	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LARSON, ROGER A 911 CHESTNUT STREET CLEARWATER, FL 33756				Name <u>Roger B. Broderick</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>5514 Park Blvd</u>	
				City <u>Pinellas Park</u> FL <u>33781</u>	
				Zip Code <u>33781</u>	
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>[Signature]</u>		SIGNATURE <u>Roger B. Broderick</u>		DATE <u>4/27/07</u>	
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRODERICK, ROGER B		NAME		
STREET ADDRESS	5514 PARK BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, PATRICIA		NAME		
STREET ADDRESS	5514 PARK BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GERNAZIAN, WILLIAM		NAME		
STREET ADDRESS	5514 PARK BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>[Signature]</u>		DATE: <u>3/14/07</u>		DAYTIME PHONE: <u>727-544-1403</u>	

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