

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002333

**Entity Name:** OAK DOWN NORTH SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC9091768451**

**Current Principal Place of Business:**

WILLIAM DAVID STOKES  
6694 OAKDOWN DRIVE  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

WILLIAM DAVID STOKES  
6694 OAKDOWN DRIVE  
TALLAHASSEE, FL 32309 US

**FEI Number: 59-3030435**

**Certificate of Status Desired: No**

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

STOKES, WILLIAM D  
6694 OAKDOWN DRIVE  
TALLAHASSEE, FL 32309 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:** WILLIAM D STOKES

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAUGER, CRAIG  
Address        6676 OAKDOWN DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            VP  
Name            STOUT, TODD  
Address        529 E TENNESSEE ST APT 2  
City-State-Zip: TALLAHASSEE FL 32308

Title            TREASURER  
Name            STOKES, MANUELA B  
Address        WILLIAM DAVID STOKES  
6694 OAKDOWN DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title            SECRETARY  
Name            LAMM, CAROL  
Address        6688 OAKDOWN DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

*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:** MANUELA B STOKES

**TREASURER**

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date