


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 014 ****61.25

DOCUMENT # N26745
 1. Entity Name
OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.



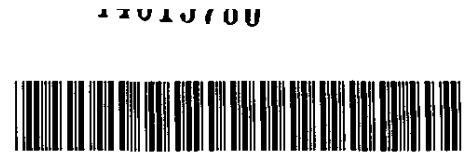
Principal Place of Business Mailing Address
12 HIGHLAND **12 HIGHLAND**
SORRENTO FL 32776 **SORRENTO FL 32776**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

FLYNN, WILLIAM J JR
51 HILLSBOROUGH DR
SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHEETHAM, ALICE	
STREET ADDRESS	133 HILLSBOROUGH DR	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, RONALD	
STREET ADDRESS	11 FRANKLIN CIR	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMYTH, CHARLES	
STREET ADDRESS	23 SEMINOLE STREET	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, RUTH	
STREET ADDRESS	2 FLAGLER ST	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLYNN, WILLIAM J JR	
STREET ADDRESS	51 HILLSBOROUGH DR	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorrie West	
STREET ADDRESS	181 Hillsborough Dr.	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter Henderson	
STREET ADDRESS	28 Madison Dr.	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Frary	
STREET ADDRESS	13 Hillsborough Dr.	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carole Borthwick	
STREET ADDRESS	57 Hillsborough Dr.	
CITY-ST-ZIP	Sorrento, FL 32776	
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 exemption stated in Section 119.07(3)(i), 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: *William J. Flynn Jr.* **William J. Flynn Jr.** 2/29/04 (352) 383-3843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #