


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90016 044 ****61.25

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



Principal Place of Business
 12 HIGHLAND
 SORRENTO, FL 32776

Mailing Address
 12 HIGHLAND
 SORRENTO, FL 32776

4002001



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02032007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2904109

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 DESMARAIS, JANET
 7 MADISON ST
 SORRENTO, FL 32776

7. Name and Address of New Registered Agent
 Name **JAMES GREEN**
 Street Address (P.O. Box Number is Not Acceptable)
85 Hillsborough Drive
 City **Sorrento** FL Zip Code **32776**

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 *James Green* DATE **02-14-07**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	V	<input checked="" type="checkbox"/> Delete
NAME	DEITRICH, SHIRLEY	
STREET ADDRESS	3 MADISON DR	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DESMARAIS, JANET	
STREET ADDRESS	7 MADISON ST	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEST, LORRIE	
STREET ADDRESS	181 HILLSBOROUGH DR	
CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Green	
STREET ADDRESS	85 Hillsborough Dr.	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Di Vincenzo	
STREET ADDRESS	63 Hillsborough Drive	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carole Barthwick	
STREET ADDRESS	19 Kristine Dr.	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carole Barthwick, Secretary-Treasurer* DATE **2-10-07** DAYTIME PHONE # **352 383-5131**

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