

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41478

FILED
Apr 03, 2009
Secretary of State

Entity Name: OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

912 S PALM BLVD
STE E
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

912 S PALM BLVD
STE E
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3051542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWEN, EDWARD S JR
912 S PALM BLVD
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: TURNER, GARY
Address: 1498 OAKMONT PL
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BARBER, WILLIAM
Address: 1491 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: LIBELL, GARY
Address: 1490 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: RAYMOND, DAVID
Address: 1467 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: CHESEL, PAUL
Address: 1469 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM BARBER

D

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date