

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 29, 2012
Secretary of State**

DOCUMENT# N41478

Entity Name: OAKMONT PLACE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**902A PALM BLVD S
NICEVILLE, FL 32578 US**New Principal Place of Business:****Current Mailing Address:**902A PALM BLVD S
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:**BARBER, J W
1491 OAKMONT PLACE
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:** MGRM
Name: ABELE, SHARON
Address: 1486 OAKMONT PL
City-St-Zip: NICEVILLE, FL 32578**Title:** MGRM
Name: BARBER, J W
Address: 1491 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578**Title:** MGRM
Name: LIBELL, GARY
Address: 1490 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578**Title:** MGRM
Name: TURNER, GARY
Address: 1498 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578**Title:** MGRM
Name: SMITH, STEPHEN
Address: 1461 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578**Title:** MGRM
Name: KAYS, STAN
Address: 1477 OAKMONT PLACE
City-St-Zip: NICEVILLE, FL 32578

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: J W BARBER

MGRM

03/29/2012

Electronic Signature of Signing Officer or Director

Date