


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 768452

1. Entity Name
OAKLEIGH CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business
**8370 CARL-DEAN ROAD
PENSACOLA, FL**

Mailing Address
**4770 SKYLINE DR.
PENSACOLA, FL 32503**



05242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1076043

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROWE, ROBERT M
4770 SKYLINE DRIVE
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ROWE, ROBERT M 4770 SKYLINE DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JOHN W 8370 CARL DEAN ST, UNIT #203 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DAVIS, STANLEY T 8370 CARL DEAN ST UNIT #208 PENSACOLA, FL 32514
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05/30/06-80007-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Robert M. Rowe **Robert M. Rowe** 5-24-06 850-478-5106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #