2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000011112

Entity Name: THE OAKLAND PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

884 S DILLARD ST
WINTER GARDENS, FL 34787

New Principal Place of Business:

Current Mailing Address:

884 S DILLARD ST
WINTER GARDENS, FL 34787

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM N. ASMA P.A.
884 S DILLARD ST
WINTER GARDENS, FL 34787 US

Name and Address of New Registered Agent:

WILLIAM N. ASMA P.A.
884 S DILLARD ST
WINTER GARDEN, FL 34787 US

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: WILLIAM N. ASMA 04/29/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEBER, RICK
Address: 635 W HWY STE C
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: SPIGENER, GEORGE
Address: 884 S DILLARD ST
City-St-Zip: WINTER GARDENS, FL 34787

Title: VD ( ) Delete
Name: LANGELY, RANDY
Address: P.O.BOX 120355
City-St-Zip: CLERMONT, FL 34712

Title: S ( ) Delete
Name: ASMA, WILLIAM
Address: 884 S DILLARD ST
City-St-Zip: WINTER GARDENS, FL 34787

Title: TD ( ) Delete
Name: ELLSWORTH, RANDY M
Address: 3303 PKWY CENTER ST #8
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: LEFFLER, TIM
Address: 545 DELANEY AVE BLDG 3
City-St-Zip: ORLANDO, FL 32801

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: S (X) Change ( ) Addition
Name: ASMA, WILLIAM
Address: 884 S DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

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 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 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 N. ASMA S 04/29/2005
Electronic Signature of Signing Officer or Director Date