

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011112

FILED  
May 01, 2008  
Secretary of State

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: 20-5511696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAM N. ASMA P.A.  
884 S DILLARD ST  
WINTER GARDEN, FL 34787      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: VD      ( ) Delete  
Name: SPIGENER, GEORGE  
Address: 884 S DILLARD ST  
City-St-Zip: WINTER GARDENS, FL 34787

Title: PD      (X) Delete  
Name: LANGEY, 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 GARDEN, FL 34787

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: P      (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:

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 N ASMA

P

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date