

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90199 017 ****61.25

DOCUMENT # N05000003572					
1. Entity Name OAKSHORES AT LEMON BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ANDREW FRITSCH, ESQ 2003 MAIN STREET, SUITE 600 SARASOTA, FL 34237			Mailing Address C/O ANDREW FRITSCH, ESQ 2003 MAIN STREET, SUITE 600 SARASOTA, FL 34237		
2. Principal Place of Business <i>LEMON BAY</i> OAKSHORES AT BAY Suite, Apt. #, etc. <i>221</i>			3. Mailing Address <i>SAME</i>		
City & State <i>ENGLEWOOD FL</i>			City & State <i>SAME</i>		
Zip <i>34223</i>		Country <i>CHARLOTTE</i>		4. FEI Number 51-0508118	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRITSCH, ANDREW K ESQ 2003 MAIN STREET SUITE 600 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name <i>SENTRY MGMT J.W. HART</i> Street Address (P.O. Box Number is Not Acceptable) <i>2180 WEST SR 434</i> SUITE 5000 City <i>LONGWOOD</i> FL <i>32779</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHANAN, EDWARD 707 S WASHINGTON BLVD SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D William Iber 1124 South McCall Rd #221 Englewood, FL 34227	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIN, MACK W 707 S WASHINGTON BLVD SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P/D John Hardeman 9108 South Bay Drive Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYNOLDS, PAUL G 232 PEDRO STREET VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D John Belcar 1116 South McCall Rd #111 Englewood, FL 34227	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>			WILLIAM IBER <i>941</i> 4/24/06 460-0878 Date Daytime Phone #		