


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90014 041 ****61.25

DOCUMENT # N11904	
1. Entity Name OAKLEY GREENE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1801 GLENGARY ST SARASOTA FL 34231-0603	Mailing Address 1801 GLENGARY ST SARASOTA FL 34231-0603
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2635095	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INCORPORATED 4983 RINGWOOD MEADOW SARASOTA FL 34235	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME RUSSELL, DONALD STREET ADDRESS 4032 OAKLEY GREENE CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE SD NAME PAUL FRANK STREET ADDRESS 3950 OAKLEY GREENE CITY-ST-ZIP SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME DUFFEY, KAREN STREET ADDRESS 3917 OAKLEY GREENE CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE VD NAME STEVE KREIKER STREET ADDRESS 4429 OAKLEY GREENE CITY-ST-ZIP SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME HOLUB, JEROME F JR STREET ADDRESS 4033 OAKLEY GREENE CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME HOLUB, JEROME F JR STREET ADDRESS 4033 OAKLEY GREENE CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME COVENEY, JOSEPH STREET ADDRESS 4501 OAKLEY GREENE CITY-ST-ZIP SARASOTA FL 34235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BREWSTER, BRUCE STREET ADDRESS 4468 OAKLEY GREENE CITY-ST-ZIP SARASOTA FL 34235	<input checked="" type="checkbox"/> Delete	TITLE D NAME JACQUI KINNIE STREET ADDRESS 3909 OAKLEY GREENE CITY-ST-ZIP SARASOTA, FL. 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Joseph Coveney **5/14/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #