


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

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90202 030 \*\*\*\*61.25

**DOCUMENT # N11904**

1. Entity Name  
**OAKLEY GREENE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**5037 RINGWOOD MEADOW  
B  
SARASOTA, FL 34235**

Mailing Address  
**5037 RINGWOOD MEADOW  
B  
SARASOTA, FL 34235**



2. Principal Place of Business  
*5041 Ringwood Meadow*

3. Mailing Address  
*5041 Ringwood Meadow*

Suite, Apt. #, etc.  
*STE. 2*

01172006 Chg-NP CR2E037 (11/05)

City & State  
*STE. 2*

City & State  
*STE. 2*

Zip Country Zip Country

4. FEI Number  
**59-2635095**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PAMI MANAGEMENT, INCORPORATED  
5037 RINGWOOD MEADOW B  
SARASOTA, FL 34235**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
*5041 Ringwood Meadow*

*STE 2*

City **FL** Zip Code

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 reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD LENK, ELLEN 4001 OAKLEY GREENE SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREIGER, STEVE 4429 OAKLEY GREENE SARASOTA, FL 34235	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINNIE, JACQUI 3909 OAKLEY GREENE SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUFF, ED 4004 OAKLEY GREENE SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBANEIC, JAMES 4020 OAKLEY GREENE SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENK, ELLEN 4001 OAKLEY GREENE SARASOTA FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD B. PRINZI, JOHN 4433 OAKLEY GREENE SARASOTA, FL 34235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:** *[Signature]* **4-25-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #