

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90175 033 \*\*\*\*61.25

<b>DOCUMENT # N12566</b>							
<b>1. Entity Name</b> OAKS CLUBSIDE HOMEOWNERS ASSOCIATION, INC.							
<b>Principal Place of Business</b> LIGHTHOUSE MGMT & REALTY 16 CHURCH STREET OSPREY, FL 34229 US			<b>Mailing Address</b> LIGHTHOUSE MGMT & REALTY 16 CHURCH STREET OSPREY, FL 34229 US				
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2792601			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> WELLS, KEVIN T ESQUIRE % THE LAW OFFICES OF LOBECK, HANSON & WELL 2033 MAIN STREET, SUITE 403 SARASOTA, FL 34237				<b>7. Name and Address of New Registered Agent</b> Name: <u>Ruben Lodeiro</u> Street Address (P.O. Box Number is Not Acceptable): LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST City: <u>OSPREY, FL 34229</u> <span style="float: right;">FL <u>34229</u></span>			
<b>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.</b> SIGNATURE: <u>[Signature]</u> <span style="float: right;">DATE: _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2006.</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>			
<b>Make check payable to</b> <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
<b>TITLE</b> TO-VPD	<b>NAME</b> STEWART, FRANNY		<input type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> Ruben Lodeiro		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 648 N. MACEWEN DR	OSPREY, FL 34229		<b>STREET ADDRESS</b> 738 MacEwen Drive	Osprey, FL 34229		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> SD	<b>NAME</b> ELSTEIN, LYNN		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> Carl Duke		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 485 ORISKANY CT	OSPREY, FL 34229		<b>STREET ADDRESS</b> 708 N. Macewen Dr.	Osprey, FL 34229		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> ASD	<b>NAME</b> KEITH, LLOYD		<input type="checkbox"/> Delete	<b>TITLE</b> SD	<b>NAME</b> Joseph Corcoran		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 16 CHURCH ST.	OSPREY, FL		<b>STREET ADDRESS</b> 562 Macewen Dr.	Osprey, FL 34229		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> PD	<b>NAME</b> HOUSEPLAN, MICHAEL		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 854 MACEWEN DR	OSPREY, FL 34229		<b>STREET ADDRESS</b> _____	_____		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete	<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> _____	_____		<b>STREET ADDRESS</b> _____	_____		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>							
<b>SIGNATURE:</b> <u>[Signature]</u> <span style="float: right;">Date: _____ Daytime Phone #: _____</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							