

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

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# N25014

Entity Name: OAKWOOD AT SPRINGTREE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 26912  
TAMARAC, FL 33320

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26912  
TAMARAC, FL 33320

**New Mailing Address:**

FEI Number: 65-0099378      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STRALEY & OTTO, P.A.  
3990 SHERIDAN STREET  
STE 109  
HOLLYWOOD, FL 33021 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: PD      ( ) Delete  
Name: ARCOS, RICHARD  
Address: 9655 NW 49 CT  
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: VD      ( ) Delete  
Name: MASON, JONATHAN  
Address: 9659 NW 49 CT  
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: TD      ( ) Delete  
Name: RICKARD, CALVIN  
Address: 9648 NW 49 ST  
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: SD      ( ) Delete  
Name: QUAST, JANICE  
Address: 9643 NW 49 CT  
City-St-Zip: FORT LAUDERDALE, FL 33351

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CALVIN RICKARD

TD

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date