2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# N29643

Entity Name: OAK FORD GOLF CLUB OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 65-0188722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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:	LAPIERRE, KEN	
Address:	1753 KINGSDOWN DR	
City-St-Zip:	SARASOTA, FL 34240	
Title:	VPD	( ) Delete
Name:	WARD, THERESA	
Address:	2066 PALM VIEW RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	SD	( ) Delete
Name:	LOPEZ, JILL	
Address:	1767 PALM VIEW RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	TD	( ) Delete
Name:	HOLMAN, MARJORIE	
Address:	2100 KINGSDOWN DR	
City-St-Zip:	SARASOTA, FL 34240	
Title:	D	( ) Delete
Name:	WOOD, JAMES	
Address:	1791 PALM VIEW RD	
City-St-Zip:	SARASOTA, FL 34240	
Title:	D	( ) Delete
Name:	PATTON, CARLA	
Address:	12886 SHERINGHAM WAY	
City-St-Zip:	SARASOTA, FL 34240	

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:		
Title:	D	(X) Change ( ) Addition
Name:	ROMAN, SUSAN	
Address:	1229 PALM VIEW RD	
City-St-Zip:	SARASOTA, FL 34240	
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: KEN LAPIERRE PD 03/06/2006
Electronic Signature of Signing Officer or Director — Date