# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P02000128694

1. Entity Name
THE OAKS AT RIVERS EDGE, INC.

Principal Place of Business
1601 HUNTER CREEK DRIVE
PUNTA GORDA, FL 33982

Mailing Address
1601 HUNTER CREEK DRIVE
PUNTA GORDA, FL 33982

04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
01-0756823
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FADER, JANICE
29185 ORANGE WOOD STREET
PUNTA GORDA, FL 33982

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MACLACHLAN, ZOLA M |
| STREET ADDRESS | 29000 TAMAYO DRIVE |
| CITY-ST-ZIP | PUNTA GORDA, FL 33982 |
| TITLE | D |
| NAME | FADER, JANICE |
| STREET ADDRESS | 29185 ORANGEWOOD STREET |
| CITY-ST-ZIP | PUNTA GORDA, FL 33982 |
| TITLE | D |
| NAME | FITZPATRICK, MARTLU |
| STREET ADDRESS | 3244 WASHINGTON ROAD |
| CITY-ST-ZIP | MCMURRAY, PA 15317 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/28/05-80077-023 150.00

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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 607, 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:** Marylu Fitzpatrick Director 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #