
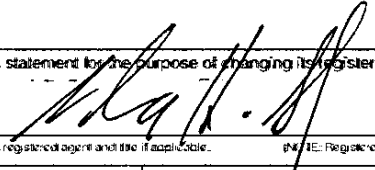
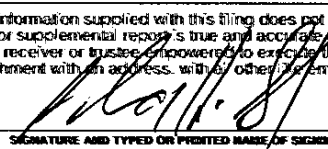


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90019 020 ***150.00

DOCUMENT # P96000024406					
1. Entity Name OAK GLADE APARTMENTS, INC.					
Principal Place of Business 3700 N.W. 91ST STREET, SUITE A-100 GAINESVILLE, FL 32606			Mailing Address 3700 N.W. 91ST STREET, SUITE A-100 GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3369004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAUFLER, EUGENE B 3700 N.W. 91ST STREET, SUITE A-100 GAINESVILLE, FL 32606			Name: <u>SANDRA H. SONTAG</u> Street Address (P.O. Box Number is Not Acceptable) <u>3700 NW 91 ST A-100</u> City <u>GAINESVILLE</u> <u>FL</u> Zip Code <u>32606</u>		
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 <u>4/4/05</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HAUFLER, EUGENE B. 4129 NW 133RD ST. GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OSCAR E. HAUFLER 3700 NW 91 ST A-100 GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST HAUFLER, OSCAR 7901 NW 39 AVE. GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR / SECRETARY / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANDRA H. SONTAG 3700 NW 91 ST A-100 GAINESVILLE, FL 32606		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 or without other, as empowered.					
SIGNATURE: 			DATE <u>4/4/05</u> ³⁵² 326 2336 _{Daytime Phone}		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					