

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90010 031 ***550.00

DOCUMENT # P96000024406

1. Entity Name
OAK GLADE APARTMENTS, INC.



Principal Place of Business Mailing Address
3700 N.W. 91ST STREET, SUITE A-100 **3700 N.W. 91ST STREET, SUITE A-100**
GAINESVILLE, FL 32606 **GAINESVILLE, FL 32606**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3500 NW 97 Blvd **3500 NW 97 Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A **A**

City & State City & State
Gainesville, Florida **Gainesville, Florida**
 Zip Country Zip Country
32606 **USA** **32606** **USA**



06012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3369004 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SONTAG, SANDRA H
3700 N.W. 91ST STREET, SUITE A-100
GAINESVILLE, FL 32606

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 HAUFER, OSCAR E 3700 NW 91 ST A-100 GAINESVILLE, FL 32606 <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	DST SONTAG, SANDRA H 3700 NW 91 ST A-100 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Oscar E Hauffer **Oscar E Hauffer, Pres.** 6/1/07 352-331-3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #