

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90115 031 \*\*\*150.00

**DOCUMENT # P96000024406**

1. Entity Name  
**OAK GLADE APARTMENTS, INC.**




Principal Place of Business  
**3500 N.W. 91ST STREET, SUITE A  
 GAINESVILLE, FL 32606**

Mailing Address  
**3500 N.W. 91ST STREET, SUITE A  
 GAINESVILLE, FL 32606**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02062008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3369004**

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

6. Name and Address of Current Registered Agent  
**SONTAG, SANDRA H  
 3700 N.W. 91ST STREET, SUITE A-100  
 GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent  
 Name **SONTAG, SANDRA H**  
 Street Address (P.O. Box Number is Not Acceptable) **3500 NW 97 Blvd, SUITE A**  
 City **GAINESVILLE** FL Zip Code **32606**

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 **SANDRA H. SONTAG** *[Signature]* DATE **4/21/08**

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, 2008 Fee will be \$550.00**

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. HAUFER** *[Signature]* DATE **4/21/08** DAYTIME PHONE # **352-331-3396**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #