

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024406

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: OAK GLADE APARTMENTS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3369004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SONTAG, SANDRA H  
3500 NW 97 BLVD. STE. A  
GAINESVILLE, FL 32606 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HAUFER, OSCAR E  
Address: 3700 NW 91 ST A-100  
City-St-Zip: GAINESVILLE, FL 32606

Title: DST ( ) Delete  
Name: SONTAG, SANDRA H  
Address: 3700 NW 91 ST A-100  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HAUFER, OSCAR E  
Address: 3500 NW 97TH BOULEVARD, A  
City-St-Zip: GAINESVILLE, FL 32606

Title: DST (X) Change ( ) Addition  
Name: SONTAG, SANDRA H  
Address: 3500 NW 97TH BOULEVARD, A  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR E. HAUFER

PD

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date