

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 005 ****61.25

DOCUMENT # N93000001855					
1. Entity Name ROBLEDAL/OAKHAVEN LANDOWNERS ASSOCIATION, INC.					
Principal Place of Business 6483 AVENIDA DE GALVEZ NAVARRE, FL 32566			Mailing Address 6483 AVENIDA DE GALVEZ NAVARRE, FL 32566 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3199637	
Zip		Country		Applied For Not Applicable	
Zip		Country		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		
TASHLIK, LARRY 6463 AVENIDA DE GALVEZ NAVARRE, FL 32566			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 _____ By hand, typed or printed name of registered agent and the filer. (NOTE: Registered Agent's signature required when changing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP MORRIS, GREEN 6260 CALLE DE HIDALGO NAVARRE, FL 32566	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV MERRITT, JENNIE 6297 CALLE DE HIDALGO NAVARRE, FL 32566	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT FELL, CINDY 6523 CALLE DE LAGO NAVARRE, FL 32566	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS THOMPSON, GARY 6518 CALLE DE LAGO NAVARRE, FL 32566	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☒ Addition			
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <i>Lynette Fell</i> <i>3/13/06</i> <i>Treasurer 880-939-9251</i>					