

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001710

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** OAKSHIRE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

107 N. LINE DR.  
ORLANDO, FL 32703 US

**New Mailing Address:**

**FEI Number:** 59-3700403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAMOS, JOSE E  
Address: 926 GIRARD DR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: VD ( ) Delete  
Name: ALICEA, ANTONIO  
Address: 1012 GIRARD DRIVE  
City-St-Zip: ORLANDO, FL 32824 US

Title: SD ( ) Delete  
Name: BOYCE, PATTIE  
Address: 908 GIRARD DR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: TD ( ) Delete  
Name: TOLEDO, JUAN  
Address: 1017 ADELPHIA DR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: D ( ) Delete  
Name: CHAVEZ, GEORGE  
Address: 14415 OAKSHIRE BLVD.  
City-St-Zip: ORLANDO, FL 32824 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: TOLEDO, JUAN  
Address: 1017 ADELPHIA DR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: SD (X) Change ( ) Addition  
Name: ESCLUSA, ORVILLE  
Address: 14331 OAKSHIRE BLVD  
City-St-Zip: ORLANDO, FL 32824 US

Title: TD (X) Change ( ) Addition  
Name: NELLIS, LARRY  
Address: 1012 GIRARD DR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE RAMOS

PD

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date