

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005952

FILED
Apr 21, 2006
Secretary of State

Entity Name: OAKCREST AT SOUTHMEADOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

385 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

Current Mailing Address:

385 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

FEI Number: 34-2050177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, PATRICK J
385 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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

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: THERESA SUTHERLAND

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEELER, LAWRENCE M
Address: 385 DOUGLAS AVENUE, SUITE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD (X) Delete
Name: LUNDEQUAM, BRETT
Address: 385 DOUGLAS AVENUE, SUITE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: RIGGS, DEBBIE
Address: 385 DOUGLAS AVENUE, SUITE 2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BONTRAGER, THOMAS
Address: 2301 LUCIEN DR. SUITE 400
City-St-Zip: MAITLAND, FL 32751 US

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

Title: STD (X) Change () Addition
Name: RIGGS, DEBBIE
Address: 2301 LUCIEN DRIVE, SUITE 400
City-St-Zip: MAITLAND, FL 32751 US

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: THOMAS BONTRAGER

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date