2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000005789

RAYMOND OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

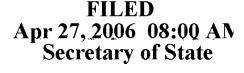
901 N. LAKE DESTINY DRIVE

SUITE 119 MAITLAND, FL 32751 Mailing Address

901 N. LAKE DESTINY DRIVE

SUITE 119

MAITLAND, FL 32751





DO NOT WRITE IN THIS SPACE

04102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3185258

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBB, ROBIN L 901 N LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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 Signature Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 Mav Be Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS TITLE NAME MORRELL, BOB STREET ADDRESS 115 RAYMOND OAKS COURT ALTAMONTE SPRINGS, FL 32701 CITY - ST - ZIP U00000537473 TITLE 05/09/06-80018-020 61.25 NAME DOBRON, ROCKY STREET ADDRESS 116 RAYMOND OAKS COURT City-ST-ZIP ALTAMONTE SPRINGS, FL 32701 DILE NAME LYLES, TONY STREET ADDRESS 151 RAYMOND OAKS COURT DO NOT WRITE CITY+ST-ZIP ALTAMONTE SPRINGS, FL 32701 RRE IN THIS SPACE MAME SINGLETARY, JEFF

not cuantify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

CITY-SI-ZIP

HILE NAME

BILE NAME STREE; AUDRESS CHY-ST-ZIP

119 RAYMOND OAKS CT.

111 RAYMOND OAKS CT.

GOLDSTEIN, SAM

ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32701

SIGNATURE AND TYPED OF PRINTED SIGNING OFFICER OR DIRECTOR 06

Daytine Phone #