2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am

DOCUMENT # 729113 1. Entity Name DELAND OAKS ASSOCIATION, INC.				Z 1	04-18-2005 90570 039 ****61.25		
100 EAST KENTUCKY AVENUE 100		Mailing Address 100 EAST KENTUCKY AV DELAND, FL 32724	100 EAST KENTUCKY AVENUE		. 1861 - 1882 - 1880 - 1811 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 188	Rion divis prolital di Josi	
2. Principal P	Place of Business	, 3. Mailing Address	· · · · · · · · · · · · · · · · · · ·				
Suite, Apt.	The state of the s	Suite, Apt. #, etc.		04132005 Ch	rg-NP CR2E037	(10/03)	
City & Stat	e	City & State		4. FEI Number 59-172449	4	Applied For Not Applicable	
_ Zip	Country	Zip	Country	- 5. Certificate of Sta	atus Desired 🔲 🕏	8.75 Additional se Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Adda	ress of New Registered Ag	ent	
TAYLOR, ROBERT L 850 CONCOURSE PKWY S MAITLAND, FL 32751			Name Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office or regi	istered agent, or both, in	the State of Florida. I am far	miliar with, and accept	
SIGNATURE .							
Oldina Toriz	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent eignature rec	quired when reinstating)	DATE		
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2005		paign Financing	\$5.00 May Be Added to Fees	Make check p		
	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check p	nent of State	
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Indeedy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

GIGNATURE AND TYPED OR PRINTED HAVE OF SIGNATURE AND TYPED OR DESCRICTION

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