2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-24-2005 90031 015 ****61.25
729616

FILED
05 FEB 23 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729616

1. Entity Name
THE OAKS OF SANFORD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
113 OAKS CT SANFORD, FL 32771 US	113 OAKS CT SANFORD, FL 32771 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2649069 ☐ Applied For ☐ Not Applicable

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
COOVER, STEPHEN H. 230 NORTH PARK AVE. SANFORD, FL 32771	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	P BROWN, BOB 123 OAKS COURT SANFORD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P McKibbin, Bruce 110 OAKS Court Sanford FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILSON, RON 122 OAKS CT. SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SKYLES, KATHY 102 OAKS CT SANFORD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kroger, Margaret 121 OAKS Court Sanford FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKIBBON, LINDA 110 OAKS CT SANFORD, FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brown, Colleen 123 OAKS Court Sanford FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, DONNA 117 OAKS COURT SAINT PETERSBURG, FL 33711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Libby, Craig 116 OAKS Court Sanford, FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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: _____ 1-19-05 407-322-2504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #