2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746278

FILED Apr 24, 2005 Secretary of State

Entity Name: OAKRUN SUBDIVISION ASSOCIATION, INCORPORATED **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 441 TALLEVAST, FL 342700441 **Current Mailing Address: New Mailing Address:** P.O. BOX 441 TALLEVAST, FL 342700441 FEI Number: 59-2317152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KETTLES, CINDY EGLE, LAWRENCE E TREASUR 7408 OAK RUN LANE 7305 ÓAK RUN LANE SARASOTA, FL 34243 US SARASOTA, FL 34243 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: LAWRENCE E. EGLE 04/24/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TUCKERMAN, PETER Name: Name: 4729 OAK RUN DR Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: KETTLES, CINDY Name: EGLE, LAWRENCE E TD Address: 4708 OAK RUN LN Address: 7305 OAK RUN LN City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: () Delete Title: () Change () Addition DRABOWSKY, RITA Name: Name: 4741 OAK RUN DR Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: SWETZ, DAVID Name: Address: 4717 OAK RUN DR Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE E. EGLE TD 04/24/2005