

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761553

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: OAKLAKE CENTRE OFFICE CONDOMINIUM, INC.

## Current Principal Place of Business:

2595 TAMPA ROAD  
SUITE R  
PALM HARBOR, FL 34684 US

## New Principal Place of Business:

## Current Mailing Address:

C/O JANE SARGENT  
2595 TAMPA RD STE L  
PALM HARBOR, FL 34684 US

## New Mailing Address:

FEI Number: 59-2353468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARGENT, JANE  
2595 TAMPA RD., STE L  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

SARGENT, JANE SEC.  
2595 TAMPA RD., STE L  
PALM HARBOR, FL 34684 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: JANE SARGENT, SECRETARY

01/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ADKINS, M.D., JAMES W  
Address: 2595 TAMPA RD. STE. R  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: PATEL, DIVANG B BDS  
Address: 2595 TAMPA, RD. STE. B  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: KUNDRA, NAVNIT M D  
Address: 2595 TAMPA RD, STE SVT  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: EPSTEIN, JOEL  
Address: 2595 TAMPA RD STE O  
City-St-Zip: PALM HARBOR, FL 34684

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: KUNDRA, NAVNIT M D  
Address: 2595 TAMPA RD, STE S-T  
City-St-Zip: PALM HARBOR, FL 34684

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES W. ADKINS, M.D.

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date