

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90069 021 ****61.25

DOCUMENT # N00000003295			
1. Entity Name THE OAKS PLANTATION OWNERS ASSOCIATION, INC.			
Principal Place of Business 2412 ST ANDREWS BLVD. #22 PANAMA CITY, FL 32405		Mailing Address 2412 ST ANDREWS BLVD. #22 PANAMA CITY, FL 32405	
2. Principal Place of Business 2412 St. Andrews Blvd Suite, Apt., etc. #31 City & State Panama City, FL 32405-2118		3. Mailing Address 2412 St. Andrews Blvd Suite, Apt., etc. #31 City & State Panama City, FL 32405-2118	
4. FEI Number 59-3718790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEUENBERGER, GEORGE 2412 ST ANDRES BLVD. #22 PANAMA CITY, FL 32405			
7. Name and Address of New Registered Agent Ni George S Leuenberger S 2412 St. Andrews Blvd; #31 Panama City, FL 32405-2118 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 <i>George S. Leuenberger</i> DATE <i>3/6/2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAIGHEAD, SANDRA 2412 ST ANDRES BLVD, #21 PANAMA CITY, FL 32405 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, JEFF 2412 ST ANDREWS BLVD, #8 PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD NOVAK, ROB 2412 ST ANDREWS BLVD., #9 PANAMA CITY, FL 32405 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEUENBERGER, GEORGE 2412 ST ANDREWS BLVD., #22 PANAMA CITY, FL 32405 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOODY, KENNETH 2412 ST ANDRES BLVD. PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ERIC ELLIS 2412 Saint Andrews Blvd Apt #15 Panama City FL 32405-2118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD NOVAK, ROB 2412 ST ANDREWS BLVD., #9 PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD MARIE DOTSON 2412 Saint Andrews Blvd Apt #29 Panama City FL 32405-2118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>George S. Leuenberger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		George S Leuenberger 3/6/2005 Date	
		850-785-4700 Daytime Phone	