

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-13-2006 90084 028 ****61.25

66007252



DOCUMENT # N00000003295

1. Entity Name
THE OAKS PLANTATION OWNERS ASSOCIATION, INC.



Principal Place of Business
**2412 ST ANDREWS BLVD.
#31
PANAMA CITY, FL 32405-2118**

Mailing Address
**2412 ST ANDREWS BLVD.
#31
PANAMA CITY, FL 32405-2118**

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

03052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3718790

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEUENBERGER, GEORGE
2412 ST ANDRES BLVD.
#31
PANAMA CITY, FL 32405-2118**

7. Name and Address of New Registered Agent

Name **DIANE MCKEE**

Street Address (P.O. Box Number is Not Acceptable)

NO ADDRESS CHANGE

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 *[Signature]* **DIANE C MCKEE TREASURER 3/7/06**

(NOTE: Registered Agent signature required when reappointing)

Filing Fee is **\$61.25**
Due by **May 1, 2006**

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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIGHEAD, SANDRA		NAME	DIANE MCKEE	
STREET ADDRESS	2412 ST ANDRES BLVD, #21		STREET ADDRESS	2412 ST ANDREWS BLVD, #11	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ERIC		NAME		
STREET ADDRESS	2412 SAINT ANDREWS BLVD, APT # 15		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 324052118		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, ROB		NAME		
STREET ADDRESS	2412 ST ANDREWS BLVD., #9		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEUENBERGER, GEORGE		NAME	CINDY MULLEN	
STREET ADDRESS	2412 ST ANDREWS BLVD., #22		STREET ADDRESS	2412 ST ANDREWS BLVD #5	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTSON, MARIE		NAME		
STREET ADDRESS	2412 SAINT ANDREWS BLVD, APT# 29		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 324052118		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *[Signature]* **3/23/06 850-769-9165**



ATTACHMENT
66007252

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

THE OAKS PLANTATION OWNERS ASSOCIATION, INC.
2412 ST ANDREWS BLVD.
#31
PANAMA CITY, FL 32405-2118

Subject: THE OAKS PLANTATION OWNERS ASSOCIATION, INC.

Reference Number: N00000003295

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD
ANNUAL REPORTS SECTION

SIGN AT
BOTTOM ✓