

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90250 031 ****70.00

DOCUMENT # N00000006705

1. Entity Name
OAK TREE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7061 GRAND NATIONAL DR
SUITE 126
ORLANDO, FL 32819**

Mailing Address
**7061 GRAND NATIONAL DR
SUITE 126
ORLANDO, FL 32819**

04072000



2. Principal Place of Business
**5526 Hansel Avenue
Orlando, FL 32809
U.S.A.**

3. Mailing Address
**5526 Hansel Avenue
Orlando, FL 32809
U.S.A.**

04192004 Chg-NP CR2E037 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3713051

Applied For
☐ Not Applicable

Zip
32819

Country
USA

Zip
32809

Country
USA

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

6. Name and Address of Current Registered Agent

**CARVALHO, ENIO
7061 GRAND NATIONAL DR
SUITE 126
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name
Sandy O'Hern

Street Address (P.O. Box Number is Not Acceptable)
**5526 Hansel Avenue
Orlando, FL 32809**

City
Orlando, FL Zip Code
32809

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 **4-26-04**

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, 2004

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 | DPT CARVALHO, ENIO 518 LAKESCAPE COURT ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | C. Hate, Nitin Dr. 5540 Hansel Avenue Orlando, FL. 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CARVALHO, ANA C 518 LAKESCAPE COURT ORLANDO, FL 32828 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S. O'Hern, Sandy 5526 Hansel Avenue Orlando, FL. 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV FREIRE, ANA S 13560 EYAS RD ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. Prince, Trudy 5526 Hansel Avenue Orlando, FL. 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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: DATE **4-26-04** DAYTIME PHONE # **407-826-5005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR