


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007356 1. Entity Name OAKLAND CENTRE LANDOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 16123 W. COLONIAL DRIVE OAKLAND, FL 34747-3478 7	Mailing Address 16123 W. COLONIAL DRIVE OAKLAND, FL 34747-3478 7
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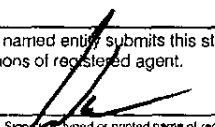
01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3733121	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 BUSTAMANTE, ALBERTO S III 255 S. ORANGE AVENUE 17TH FLOOR ORLANDO, FL 32801

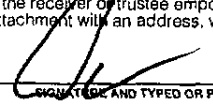
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IN THIS SPACE**

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  <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small> DATE

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	U00000199370 01/28/05-00008-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTTS, CHARLES S III 500 N. MAITLAND AVE., #313 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIDEL, TOM 500 N. MAITLAND AVE., #313 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS KERN, WYNDELL T 16123 W. COLONIAL DRIVE OAKLAND, FL 347473478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Wyndell T. Kern 1/14/05 407-905-9330 <small>Date Daytime Phone #</small>
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