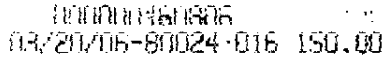
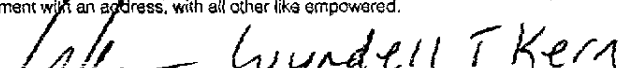


FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007356 1. Entity Name OAKLAND CENTRE LANDOWNERS ASSOCIATION, INC.			
Principal Place of Business 16123 W. COLONIAL DRIVE OAKLAND, FL 34747-3478		Mailing Address 16123 W. COLONIAL DRIVE OAKLAND, FL 34747-3478	
DO NOT WRITE IN THIS SPACE			
		01232006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3733121 Applied For ☒ Not Applicable	
		5. Certificate of Status Desired ☐ \$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		DO NOT WRITE 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 _____ (NOTE: Registered Agents signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
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			
TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-6-06 407-905-9330 Date Daytime Phone #	