2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N00000007356

1. Entity Name
OAKLAND CENTRE LANDOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16123 W. COLONIAL DRIVE OAKLAND, FL 34747-3478	16123 W. COLONIAL DRIVE OAKLAND, FL 34747-3478

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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

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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
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

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03/21/06-80024-016 150.00

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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] Wyndell T Kern DPS 3-6-06 407-905-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #