


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90163 012 ****61.25

DOCUMENT # N01000005453 1. Entity Name OAKS & MEADOWS-SOUTH OWNERS ASSOCIATION, INC.	
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Principal Place of Business 12885 W HWY 40 OCALA, FL 34481	Mailing Address 11810 BLUE TICK DR ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE

02202006 No Chg-NP CR2E037-(11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LORD, GREG JAMES NOORDHOEK 3960 W. SILVER SPRINGS BLVD OCALA, FL 34474 12885 W HWY 40 OCALA FL 34481
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOORDHOEK, JAMES 11810 BLUE TICK DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEEHAN, TODD 32946 AVENIDA LESTONNAC TEMECULA, CA 92592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/27/06 <small>Date</small>	727-798-7845 <small>Daytime Phone #</small>
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