2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90049 046 ****61.25

DOCUMENT # N01000008928

1. Entity Name
OAK GARDENS HOMEOWNERS ASSOCIATION, INC.

50016505

Principal Place of Business	Mailing Address
11200 U.S. 27 SOUTH, LOT 27 SEBRING, FL 33876	C/O LARRY TRUCKERMILLER 11200 US 27 SOUTH , LOT 31 SEBRING, FL 33876-8505

01132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
01-0551856
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRUCKERMILLER, LARRY R
STREET ADDRESS	11200 US 27 S., LOT #31
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	VD
NAME	O'HAIR, DOROTHY
STREET ADDRESS	11200 US 27 SO. LOT #17
CITY-ST-ZIP	SEBRING, FL 33876
TITLE	SD
NAME	~~O'HAIR, ANGELA M~~ LORI WADE
STREET ADDRESS	~~11200 U.S. 27 SOUTH, LOT 27~~ 11200 U.S 27 South
CITY-ST-ZIP	~~SEBRING, FL 33876~~ LOT #8 SEBRING FL 33876
TITLE	TD
NAME	~~WIMER, BARBARA~~ ANNE LANGSTON
STREET ADDRESS	11200 US 27 SO., ~~LOT #13~~ 11200 U.S. 27 South LOT #13
CITY-ST-ZIP	SEBRING, FL 33876 SEBRING. FL 33876
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 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: Larry R Truckermiller 2-10-05 863-655-6179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #