

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90028 006 ****61.25

DOCUMENT # N01000008928					
1. Entity Name OAK GARDENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11200 U.S. 27 SOUTH, LOT 27 SEBRING, FL 33876			Mailing Address C/O LARRY TRUCKERMILLER 11200 US 27 SOUTH, LOT 31 SEBRING, FL 33876-8505		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0551856	
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			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUCKERMILLER, LARRY R 11200 US 27 S. LOT #31 SEBRING, FL 33876	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'HAIR, DOROTHY 11200 US 27 SO. LOT #17 SEBRING, FL 33876	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WADE, LORI 11200 US 27 SOUTH LOT #8 SEBRING, FL 33876	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGSTON, ANNE 11200 US 27 SO., LOT #13 SEBRING, FL 33876	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT LANGSTON, ANNE 11200 U.S. 27 SOUTH #13 SEBRING, FL 33876	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA JAMBS 11200 U.S. 27 SOUTH #21 SEBRING, FL 33876	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition			
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: <u>Larry R Truckermiller, President</u> (CELL) 863-314-2998					
_____ 3-9-06 863-655-6179					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					