2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000008928

OAK GARDENS HOMEOWNERS ASSOCIATION, INC.



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

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

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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				1 10 1 711 1 11 1 11 1 11				!
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03102006	Chg-NP	CR2E03	7 (11/05)	
City & State		City			4. FEI Number 01-0551				oplied For	
Zip	Country	Zip		Country		5. Certificate of	f Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registered	Agent			7. Name and A	ddress of New	Registered A	gent	
SDIEGEL & LITDEDA DA				Name						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Street Address			(P.O. Box Number is Not Acceptable)				
MIAMI, FL 33145								•		
				City				FL	Zip Code	e
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpos	se of changing its re	gistered office or	registere	ed agent, or both,	, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE	\$ Signature, typed or printed name of registered agent.	and title if applic	able. (NOTE: R	egistered Agent signatu	re required v	when reinstating)		DATE		
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Filing Fee Is \$61,25 Due by May 1, <i>2</i> 006			Section Campaign Financing Trust Fund Contribution.							
•	_		•			\$5.00 May Be Added to Fees		Make check rida Depart		
10.	Due by May 1, 2006 OFFICERS AND DIF	RECTORS	•		Ш.		Flo	rida Depart	tment of St	tate
TITLE	OFFICERS AND DIF	RECTORS	•	11.	Ш.	Added to Fees	Flo	rida Depart	tment of St	tate
TITLE NAME	OFFICERS AND DIF	RECTORS	Trust Fund Cor	11. TITLE NAME	Ш.	Added to Fees	Flo	rida Depart	RECTORS IN	10
TITLE	OFFICERS AND DIF	RECTORS	Trust Fund Cor	11.	Ш.	Added to Fees	Flo	rida Depart	RECTORS IN	10
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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 occopier 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: Lary & Luberneller & SIGNATURE: SIGNATURE AND TYPED FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 3-9-06 863-655-6179