


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90024 001 ****61.25

DOCUMENT # N02000005838	
1. Entity Name THE OAKS AT VALRICO HOMEOWNERS ASSOCIATION, INC.	

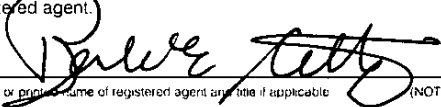
Principal Place of Business 3810 NORTHDAL BOULEVARD SUITE 100 TAMPA FL 33624	Mailing Address 2880 SCHERER DRIVE SUITE 840 ST. PETERSBURG FL 33716
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2. Principal Place of Business 2870 SCHERER DR. N SUITE 100 ST. PETERSBURG, FL 33716	3. Mailing Address 2870 SCHERER DR. N SUITE 100 ST. PETERSBURG, FL 33716
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1st MOORE	CR2E037 (10/05)
4. FEI Number 20-0471239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MIHELICH, BRIAN M 3810 NORTHDAL BOULEVARD SUITE 100 TAMPA FL 33624	
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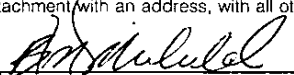
7. Name and Address of New Registered Agent Ronald E Cottrell Esquire 1010 N. Florida Tampa FL 33602	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-10-06

FILE NOW: 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	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MIHELICH, BRIAN M		NAME JACK DEBOWSKY	
STREET ADDRESS 3810 NORTHDAL BOULEVARD, SUITE 100		STREET ADDRESS 2020 SAMANTHA LANE	
CITY-ST-ZIP TAMPA FL 33624		CITY-ST-ZIP VALRICO, FL 33594	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COLON, SHEILA		NAME TONY MINUTO	
STREET ADDRESS 3810 NORTHDAL BOULEVARD, SUITE 100		STREET ADDRESS 1603 ACORN SEED CT.	
CITY-ST-ZIP TAMPA FL 33624		CITY-ST-ZIP VALRICO, FL 33594	
TITLE S, T	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STERN, IMANDA		NAME DEBBIE BRADLEY	
STREET ADDRESS 3810 NORTHDAL BOULEVARD, SUITE 100		STREET ADDRESS 1934 SAMANTHA LN.	
CITY-ST-ZIP TAMPA FL 33624		CITY-ST-ZIP VALRICO, FL 33594	
TITLE 	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME RICHARD BROWN	
STREET ADDRESS 		STREET ADDRESS 1809 PRAIRIE GRASS LN.	
CITY-ST-ZIP 		CITY-ST-ZIP VALRICO, FL 33594	
TITLE 	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME PATTI CARROLL	
STREET ADDRESS 		STREET ADDRESS 2021 HEARTLAND CIRCLE	
CITY-ST-ZIP 		CITY-ST-ZIP VALRICO, FL 33594	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/22/06**