

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008296

FILED
Apr 06, 2005
Secretary of State

Entity Name: OAKLEY PLACE HOMEOWNERS' ASSOCIATION OF MANATEE COUNTY, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677

New Mailing Address:

P.O. BOX 2157
OLDSMAR, FL 34677

FEI Number: 20-0907642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELROSE MANAGEMENT GROUP
3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HANSON, JACK B
3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677 US

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.

SIGNATURE: JACK B HANSON

04/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOREY, MICHAEL
Address: 100 TAMPA OAKS BLVD
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: VD () Delete
Name: REYNOLDS, NANCY
Address: 100 TAMPA OAKS BLVD
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: STD () Delete
Name: FOSTER, BRAD
Address: 100 TAMPA OAKS BLVD
City-St-Zip: TEMPLE TERRACE, FL 33637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: REYNOLDS, NANCY
Address: 100 TAMPA OAKS BLVD
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK B HANSON

AGEN

04/06/2005

Electronic Signature of Signing Officer or Director

Date