

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008296

FILED  
Apr 25, 2006  
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:

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683

## Current Mailing Address:

P.O. BOX 2157  
OLDSMAR, FL 34677

## New Mailing Address:

P.O. BOX 1418  
PALM HARBOR, FL 34682

FEI Number: 20-0907642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HANSON, JACK B  
MELROSE MANAGEMENT GROUP  
3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 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

04/25/2006

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: VPD ( ) 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: PD (X) Change ( ) Addition  
Name: STOREY, MICHAEL  
Address: 12802 TAMPA OAKS BLVD #225  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: VPD (X) Change ( ) Addition  
Name: REYNOLDS, NANCY  
Address: 12802 TAMPA OAKS BLVD #225  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: STD (X) Change ( ) Addition  
Name: FOSTER, BRAD  
Address: 12802 TAMPA OAKS BLVD #225  
City-St-Zip: TEMPLE TERRACE, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/25/2006

Electronic Signature of Signing Officer or Director

Date