2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90130 010 ****61.25

DOCUMENT # N02000008571

1. Entity Name
WHITE OAK TRAIL HOMEOWNERS ASSOCIATION, INC.

14015891

Principal Place of Business	Mailing Address
1633 E. VINE STREET SUITE 110 KISSIMMEE, FL 34744 US	C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8009 S. Orange Ave.	8009 S. Orange Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32809-6711 Country:	Zip: 32809-6711 Country:

4. FEI Number 06-1661406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LELAND MANAGEMENT, INC. 1633 E. VINE STREET SUITE 110 KISSIMMEE, FL 34744	Name: Leland Management Inc Street Address (P.O. Box Number is Not Acceptable): 8009 S. Orange Ave City: Orlando FL Zip Code: 32809-6711

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, 2005

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	P,D RUDOLPH, MAURICE M 13400 SUTTON PARK DR., S., #1402 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,D CAIN HUGHS, NATHANIEL 13400 SUTTON PARK DR. S. #1402 JACKSONVILLE, FL 32224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President, D marcusmiede 13400 Sutton PK Dr. S #1402 Jacksonville, FL 32224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HITE, PATSY A 13400 SUTTON PARK DR. S., #1402 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #