2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90196 032 ****61.25

DOCUMENT # N03000003533

1. Entity Name
OAKLEYS MUD RIVER SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

40055245

Principal Place of Business	Mailing Address
5322 FELKER DR WEEKI WACHEE, FL 34607	5322 FELKER DR WEEKI WACHEE, FL 34607

04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2399615
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOBBY, H. CLYDE
5709 TIDALWAVE DR
`EW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHARLES, SHEILA H
STREET ADDRESS	5322 FELKER DR
CITY-ST-ZIP	WEEKI WACHEE, FL 34607
TITLE	DV
NAME	BELL, ALICE B
STREET ADDRESS	5340 FELKER DR
CITY-ST-ZIP	WEEKI WACHEE, FL 34607
TITLE	DS
NAME	WOODCOCK, NELL M
STREET ADDRESS	5250 FELKER DR
CITY-ST-ZIP	WEEKI WACHEE, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: Sheila H. Charles / Sheila H. Charles, President 4/18/06 727-847-5854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #