

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90171 021 \*\*\*\*61.25

<b>DOCUMENT # N04000011764</b>																													
<b>1. Entity Name</b> GREAT OAKS HOMEOWNERS ASSOCIATION POLK COUNTY, INC.																													
<b>Principal Place of Business</b> 114 EAST EDGEWOOD DRIVE LAKELAND, FL 33803			<b>Mailing Address</b> 114 EAST EDGEWOOD DRIVE LAKELAND, FL 33803																										
<b>2. Principal Place of Business</b> 6134 Duboise Rd Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6134 Duboise Rd Suite, Apt. #, etc.																											
<b>City &amp; State</b> Lakeland, FL Zip 33811 Country		<b>City &amp; State</b> Lakeland, FL Zip 33811 Country		<b>4. FEI Number</b> 20-3105932																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable																									
<b>6. Name and Address of Current Registered Agent</b> SANOKA, GREGORY A ES 114 EAST EDGEWOOD DRIVE LAKELAND, FL 33803			<b>7. Name and Address of New Registered Agent</b> Name: <u>Teresa Asbury</u> Street Address (P.O. Box Number is Not Acceptable): <u>6134 Duboise Road</u> City: <u>Lakeland</u> <u>FL</u> Zip Code: <u>33811</u>																										
<b>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.</b>																													
(SIGNATURE) <u>Teresa Asbury</u> <span style="float: right;">4/24/06</span> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																										
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<b>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.</b>																													
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