2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005797

1. Entity Name
THE OAKS OF ARCADIA CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266	714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01312006   Chg-NP   CR2E037 (11/05)

4. FEI Number 03-0566899   ☐ 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
HOLLINGSWORTH, CHERRIE 714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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, 2006**	**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: D NAME: HOLLINGSWORTH, CHERRIE STREET ADDRESS: 714 N MANATEE AVE UNIT 1 CITY-ST-ZIP: ARCADIA, FL 34266	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: WOOTEN, CRISTIN STREET ADDRESS: 714 N MANATEE AVE UNIT 2 CITY-ST-ZIP: ARCADIA, FL 34266	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: SPIRES, EVA ROSE STREET ADDRESS: 714 N MANATEE AVE UNIT 4 CITY-ST-ZIP: ARCADIA, FL 34266	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: SPIRES, SETH STREET ADDRESS: 714 N MANATEE AVE UNIT 4 CITY-ST-ZIP: ARCADIA, FL 34266	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: MCANLY, STEPHANIE H STREET ADDRESS: 8100 MIDNIGHT PASS RD CITY-ST-ZIP: SARASOTA, FL 34242	☐ 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 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: _____ 2-2-06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #