


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 030 ****61.25

DOCUMENT # N05000005797 1. Entity Name THE OAKS OF ARCADIA CONDOMINIUM, INC.					
Principal Place of Business 714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266			Mailing Address 714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0566899	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLINGSWORTH, CHERRIE 714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLINGSWORTH, CHERRIE		NAME		
STREET ADDRESS	714 N MANATEE AVE UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOTEN, CRISTIN		NAME		
STREET ADDRESS	714 N MANATEE AVE UNIT 2		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPIRES, EVA ROSE		NAME		
STREET ADDRESS	714 N MANATEE AVE UNIT 4		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPIRES, SETH		NAME		
STREET ADDRESS	714 N MANATEE AVE UNIT 4		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCANLY, STEPHANIE H		NAME		
STREET ADDRESS	8100 MIDNIGHT PASS RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D LANCE BORDSKY	
STREET ADDRESS			STREET ADDRESS	714 N. MANATEE AVE	
CITY-ST-ZIP			CITY-ST-ZIP	ARCADIA, FL 34266-4055	
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: <i>Cherrie Hollingsworth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/27/07 (813) 494-2262 <small>Date Daytime Phone #</small>		