


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000005797</b> 1. Entity Name <b>THE OAKS OF ARCADIA CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266</b>	Mailing Address <b>714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266</b>
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**DO NOT WRITE IN THIS SPACE**



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>03-0566899</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLLINGSWORTH, CHERRIE  
714 N MANATEE AVE UNIT 1  
ARCADIA, FL 34266**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGSWORTH, CHERRIE 714 N MANATEE AVE UNIT 1 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDSKY, LANCE 714 N MANATEE AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRES, EVA ROSE 714 N MANATEE AVE UNIT 4 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCANLY, STEPHANIE H 8100 MIDNIGHT PASS RD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000845462  
03/13/08-80040-002 61.25

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-27-08** Daytime Phone # **863-993-1603**