

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005797

FILED
Feb 13, 2009
Secretary of State

Entity Name: THE OAKS OF ARCADIA CONDOMINIUM, INC.

Current Principal Place of Business:

714 N MANATEE AVE UNIT 1
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

714 N MANATEE AVE UNIT 1
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 03-0566899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOLLINGSWORTH, CHERIE
714 N MANATEE AVE UNIT 1
ARCADIA, FL 34266 US

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.

SIGNATURE: CHERIE HOLLINGSWORTH

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLLINGSWORTH, CHERRIE
Address: 714 N MANATEE AVE UNIT 1
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: BORDSKY, LANCE
Address: 714 N MANATEE AVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: SPIRES, EVA ROSE
Address: 714 N MANATEE AVE UNIT 4
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: MCANLY, STEPHANIE H
Address: 8100 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLLINGSWORTH, CHERIE
Address: 714 N MANATEE AVE UNIT 1
City-St-Zip: ARCADIA, FL 34266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERIE HOLLINGSWORTH

MS.

02/13/2009

Electronic Signature of Signing Officer or Director

Date