2007 NOT-FOR-PROFIT CORFORATION ANNUAL REPORT

FILED Feb 20, 2007 8:00 am Secretary of State

									a ra distribution	
DOCUMENT # N06000010116 1. Entitly Name OAKLEY GREEN CONDOMINIUM OWNERS' ASSOCIATION, INC.							02-06-20	07 90011	040 ****	61.25
2020 CLUBHOUSE DR 2020			ng Address O CLUBHOUSE DR CITY CENTER, FL 33573			66002240				
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt.	# atc	Suit	Suite, Apt. W. etc.			_	_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						01112007	Chg-NP		037 (12/06)	arad F
City & State		Cirt	y & State		4. FEI Numbe	20 -	5670	//// 	pplied For of Applicable	
Zip	Country		Zip Co		niry	5. Certificate of	of Status Desire	ed 🗆	\$8.75 Ad Fee Require	
Name and Address of Current Registers			d Agent Name			7. Name and Address of New Registered Agent				
HASTINGS, VIVIEN N 2020 CLUBHOUSE DR					Street Address (P.O. Box Number is Not Acceptable)					
SUN CITY CENTER, FL 33573										
					City			F	L Zip Coo	ie
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										
							T		ck payable t	<u> </u>
Filing Fee is \$61.25 Due by May 1, 2007			Trust Fund C			\$5.00 May Be Added to Fees		Florida Dep		
10.	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CHA	NGES TO OF	FICERS AND I		
TITLE NAME	PD LUPER, JOHN		Detete	TITLE	1				☐ Change	☐ Addition
STREET ADDRESS CITY - ST - ZIP	2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573	3			ET ADDRESS -ST-ZEP	_				
TITLE	VD		□ Derete	LUTE	1				☐ Change	Addition
NAME STREET ADDRESS	AMAN, ROGER 2020 CLUBHOUSE DR			- 1	ET ADORESS					
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	3	☐ Delate	TITLE	-\$1-2IP				☐ Change	Addition
NAME STREET ADDRESS	KEITH, SYLVIA 2020 CLUBHOUSE DR			NAM	E ET ADDRESS				- •	
CITY-ST-ZP	SUN CITY CENTER, FL 33573	3			·SI-ZIP					
TITLE			De'ete	TITLE	1	<u>-</u>			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	[ET ADDRESS -S1-21P					
TITLE			Delete	TOTLE					☐ Change	Addition
HAME STREET ADDRESS	İ			NAM STRE	E ADORESS					
City-ST-ZiP	(·SI-ZIP					
TITLE		- - -	Oelete	TITLE NAM	1				☐ Change	Addition
NAME STREET ADDRESS	1				ET ADDRESS					
CITY-ST-ZIP		ioh this this -	done and minish to		-ST-ZIP	ed in Change 110	Florida State	na I fueba	washa than aba i	-lorma:
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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 actress, with all other like empowered.										
of the co	rporation or the receiver or trustee err	powered to	execute this report	as requi	red by Chapter 61	17, Florida Statute:	s; and that my i	name appears	in Block 10 o	or Block 11 if
of the co	rporation or the receiver or trustee em i, or on an attachment with an addres	powered to	execute this report ler like empowered	as requi	red by Chapter 61	17, Florida Statute:	and that my	name appears	in Block 10 o	or Block 11 if