


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90099 012 ****61.25

DOCUMENT # N15346	
1. Entity Name OAKWOOD CONDOMINIUM ASSOCIATION, INC. OF CHARLOTTE COUNTY.	

Principal Place of Business 1460 S MCCALL RD SUITE 1-F ENGLEWOOD, FL 34223 US	Mailing Address 1460 S MCCALL RD SUITE 1-F ENGLEWOOD, FL 34223 US
---	---

00022833

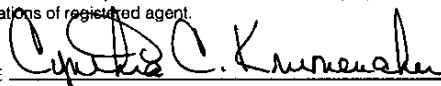


2. Principal Place of Business 2275 S. McCall Rd.	3. Mailing Address P.O. Box 8065
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01262005 Chg-NP CR2E037 (10/03)

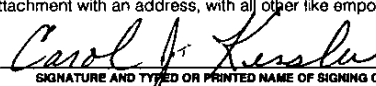
City & State Englewood, FL	City & State North Port, FL	4. FEI Number 65-0122241	Applied For <input type="checkbox"/> Not Applicable
Zip 34223	Country USA	Zip 34287	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAY SOUTH PROPERTIES CO 1460 S MCCALL RD SUITE 4E ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Antares Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 760 Sugarwood Way City Venice FL Zip Code 34292	
---	--	--	--

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		Cynthia C. Krumenaker	02.18.05
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, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	PD PREJM, GEORGE 2275 MCCALL RD. UNIT 106 ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prehn, George 2275 S. McCall Rd. #106 Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIMRA, THERESA 2275 MCCALL ROAD UNIT 204 ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Martins, Carlos 8 Westpond Ct. Smithtowns, NY 11787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KIMBALL, NANCY 2275 MCCALL ROAD UNIT 104 ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Smith, Margaret 1315 Chatsworth Blvd. Cookeville, TN 38502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN, KENZI 2275 MCCALL RD UNIT 203 ENGLEWOOD, FL 342243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Kessler, Carol 2275 S. McCall Rd. #203 Englewood, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORANEHAN, RUDOLPH 2275 MCCALL ROAD, UNIT 101 ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Christopher 2275 S. McCall Rd. #201 Englewood, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Carol Kessler	02.18.05 941-429-8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #