

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

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19755**

1. Entity Name  
**OAKLANE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2204 SPOONBILL KCT  
VALRICO, FL 33594 US**

Mailing Address  
**2204 SPOONBILL KCT  
VALRICO, FL 33594 US**



02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0199480**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ENGLISH, CHERYL  
2204 SPOONBILL CT  
VALRICO, FL 33594**

**DO NOT WRITE  
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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: DP  
NAME: ENGLISH, CHERYL  
STREET ADDRESS: 2204 SPOONBILL CT  
CITY-ST-ZIP: VALRICO, FL 33594

TITLE: DV  
NAME: FOX, ELAINE  
STREET ADDRESS: 2202 SPOONBILL CT  
CITY-ST-ZIP: VALRICO, FL 33594

TITLE: DS  
NAME: NANNS, KATHY  
STREET ADDRESS: 3016 CUNARD DR  
CITY-ST-ZIP: VALRICO, FL 33594

TITLE: DT  
NAME: LANNIE, RICK  
STREET ADDRESS: 2203 SPOONBILL CT  
CITY-ST-ZIP: VALRICO, FL 33594

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

U00000839688  
03/06/08-80016-019 61.25

**DO NOT WRITE  
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:**

*Ricky Lannie*  
**Ricky LANNIE**

**2-20-08**

Date

**651-9743**

Daytime Phone #