


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 043 \*\*\*\*61.25

<b>DOCUMENT # N21185</b> 1. Entity Name <b>OAKDALE RIVERVIEW ESTATES</b>					
Principal Place of Business <b>4131 GUNN HIGHWAY TAMPA, F 33624 US</b>			Mailing Address <b>4131 GUNN HIGHWAY TAMPA, FL 33624 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2870217</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRISCIA, FRANCIS E MELROSE &amp; FRISCIA, P. A. 500 NORTH WESTSHORE BLVD., STE 635 TAMPA, FL 33609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAYAS, DENNIS <input type="checkbox"/> Delete 4705 ROCKINGCHAIR VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP LIPNICKY, THELMA <input type="checkbox"/> Delete 4711 ROCKINGCHAIR DRIVE VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, LEE ANN <input type="checkbox"/> Delete 4707 ROCKINGCHAIR DR VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete COWELL, WESLEY 4707 STOVE PLACE VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD <input checked="" type="checkbox"/> Delete SINGLETARY, VICKY 1209 SAWDUST CT VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
1st VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wozunk, Ken 4514 Cabbage Palm Valrico, FL 33594					
2nd VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wogaman, A J 1026 Hardwood Ct. Valrico, FL 33594					
SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lipnicky, Thelma 4711 Rockingchair Drive Valrico, FL 33594					
TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reynolds, Lee Ann 4707 Rockingchair Dr Valrico, FL 33594					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> <u>Dennis Zayas</u> <u>DENNIS ZAYAS - President 2/6/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					