


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N26745</b> 1. Entity Name <b>OAK SPRINGS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 12 HIGHLAND SORRENTO, FL 32776		Mailing Address 12 HIGHLAND SORRENTO, FL 32776			
2. Principal Place of Business <i>See above</i>		3. Mailing Address <i>See Above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		09162005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2904109</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>FLYNN, WILLIAM J JR</b> <b>51 HILLSBOROUGH DR</b> <b>SORRENTO, FL 32776</b>			7. Name and Address of New Registered Agent Name <b>Janet Desmarais</b> Street Address (P.O. Box Number is Not Acceptable) <b>7 Madison St</b>  City <b>Sorrento</b> <b>FL</b> Zip Code <b>32776</b>		
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 <i>William Flynn</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Director <i>Janet Desmarais</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>9-27-05</b>	
<b>Filing Fee is \$61.25</b> <b>Due by October 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 WEST, LORRIE 181 HILLSBOROUGH DR. SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carole Borthwick 19 Kristine Dr. Sorrento, FL 32776 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENDERSON, WALTER 28 MADISON DR SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janet Desmarais 7 Madison St Sorrento, FL 32776 VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRARY, RALPH 13 HILLSBOROUGH DR SORRENTO, FL 32776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060729503 10/18/05--01086--015 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BORTHWICK, CAROLE 57 HILLSBOROUGH DR. SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joanne Dando 17 Kristine Dr. Sorrento S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, WILLIAM J JR 51 HILLSBOROUGH DR SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR 10/17	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>William Flynn</i>		Director <i>Janet Desmarais</i>		DATE <b>9-27-05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		Daytime Phone # <b>352-3833843</b>	