
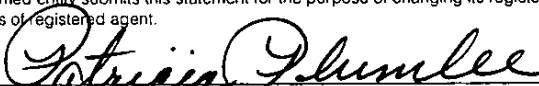
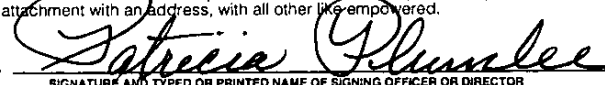


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90581 002 ****61.25

DOCUMENT # N28198 1. Entity Name OAKS LANDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O PLUMLEE GULF BEACH REALTY-- 417 1ST ST INDIAN ROCKS BCH., FL 33785 US		Mailing Address 300 S DUNCAN AVE STE 220B CLEARWATER, FL 33755 US	
2. Principal Place of Business Oaks Landing Suite, Apt. #, etc. 517 1st St.		3. Mailing Address Suite, Apt. #, etc. City & State Indian Rocks Beach, FL	
City & State Indian Rocks Beach, FL		4. FEI Number 59-2966404	
Zip 33785		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02162005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent PLUMLEE, PATRICIA 417 FIRST ST. INDIAN ROCKS BCH., FL 33785		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 2-26-05 <small>DATE</small> </div> </div>			
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 T S NAME ANDREACCHIO, MICHELE STREET ADDRESS 427 84TH ST. CITY-ST-ZIP BROOKLYN, NY 11209	<input type="checkbox"/> Delete	TITLE S NAME Michelle Andreacchio STREET ADDRESS 427 - 84th Street CITY-ST-ZIP Brooklyn, NY 11209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P/T NAME PLUMLEE, PATRICIA STREET ADDRESS 417 FIRST ST CITY-ST-ZIP INDIAN ROCKS BCH., FL 33785	<input type="checkbox"/> Delete	TITLE P/T NAME Patricia Plumlee STREET ADDRESS 417 First St. CITY-ST-ZIP Indian Rocks Beach, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME FOWLER, RICHARD STREET ADDRESS 517 FIRST ST., #3 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785	<input checked="" type="checkbox"/> Delete	TITLE Y NAME Frank Luisi STREET ADDRESS 854 Southern Dr. CITY-ST-ZIP Franklyn Square, NY 11010	<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
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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	