


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90008 025 ****61.25

DOCUMENT # N31097 1. Entity Name OAK LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 684 VALRICO, FL 33594 US			Mailing Address P O BOX 684 VALRICO, FL 33594 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2926866				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LODGE, SUSAN L 2424 OAK LANDING DR. BRANDON, FL 33511			Name Karl Borkman Street Address (P.O. Box Number is Not Acceptable) 2424 Oak Landing Dr Brandon City FL Zip Code 33511		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	JOHNSON, BILL		TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2419 OAK LANDING DR.		NAME	David Wilson	
CITY-ST-ZIP	BRANDON, FL 33511		STREET ADDRESS	2417 Oak Landing Dr.	
			CITY-ST-ZIP	Brandon FL 33511	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARKO, CORKY		NAME	Timothy Ryan	
STREET ADDRESS	2407 OAK LANDING DR.		STREET ADDRESS	2420 Oak Landing Dr	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Brandon FL 33511	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODGE, SUSAN L		NAME	Karl Borkman	
STREET ADDRESS	2424 OAK LANDING DR.		STREET ADDRESS	2424 Oak Landing Dr	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Brandon FL 33511	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Karl Borkman <i>Karl P. Borkman</i> 02-17-06 (813) 653-1705					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					