

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N32702

1. Entity Name
**THE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**COLEEDANDO
101 FIVERMETER
E PALATKA, FL 32131**

Mailing Address

**COLEEDANDO
101 FIVERMETER
E PALATKA, FL 32131**



08112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PICKENS, JOE H.
113 N. 4TH STREET
PALATKA, FL 32077**

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, LARRY 124 RIVERSEdge DR EAST PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DANDO, LEE 101 RIVERVIEW TERRACE EAST PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, DANA 113 RIVERS EDGE DR EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, CHRISTOPHER 115 RIVERS EDGE DR EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOUD, IZELLE 110 WATER OAK CT EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNELL, WALTER 107 WATER OAK CT EAST PALATKA, FL 32131

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lee C. Dando **LEE C. DANDO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-05

Date

(386) 328-7053

Daytime Phone #