

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2006 08:00 AM  
Secretary of State

DOCUMENT # N93000004609

1. Entity Name

OAK SHADOW HOMEOWNERS ASSOCIATION OF  
PENSACOLA, INC.



Principal Place of Business

3140 OAK SHADOW LANE  
PENSACOLA FL 32504  
US

Mailing Address

3140 OAK SHADOW LN  
PENSACOLA FL 32504  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3218677

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUSHING, BRENDA C  
3140 OAK SHADOW LANE  
PENSACOLA FL 32504

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
CUSHING, BRENDA  
3140 OAK SHADOW LN  
PENSACOLA FL 32504

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
WHITE, CHARLES DR.  
3151 OAK SHADOW LANE  
PENSACOLA FL 32504

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
WILSON, CAROLINE  
3100 OAK SHADOW LANE  
PENSACOLA FL 32504

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

000000395800  
01/27/06-80007-005 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
MENTEL, DAN  
3131 OAK SHADOW LN.  
PENSACOLA FL 32504

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brenda C. Cushing Brenda C. Cushing 1-18-06 850 433-2447