

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
04 DEC 13 PM 3:19

SECRETARY OF STATE  
000043004 FLORIDA  
11/24/04 01058-003 \*\*\$61.25



DOCUMENT # N95000001406			
1. Entity Name OAKLEY HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 286 ELLENTON, FL 34222 US		Mailing Address P.O. BOX 286 ELLENTON, FL 34222 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LORENZON, HEATHER 5708 31ST CT E ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name: EDITH CLOCK Street Address (P.O. Box Number is Not Acceptable): 3112 56 <sup>th</sup> AVENUE EAST City: ELLENTON FL Zip Code: 34222	
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 the obligations of registered agent.			
SIGNATURE: <i>Edith Clock</i> Signature, typed or printed name of registered agent and title if applicable.		EDITH CLOCK (NOTE: Registered Agent signature required when reinstating) DATE: 11/20/2004	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: LORENZON, HEATHER STREET ADDRESS: 5708 31ST CT E CITY-ST-ZIP: ELLENTON, FL 34222	<input checked="" type="checkbox"/> Delete	TITLE: <del>DP</del> CAROL CLARK DIRECTOR NAME: CAROL CLARK STREET ADDRESS: 3115 56 <sup>th</sup> AVENUE EAST CITY-ST-ZIP: ELLENTON FLORIDA 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVP NAME: CLOCK, EDITY STREET ADDRESS: 3112 56TH AVE E CITY-ST-ZIP: ELLENTON, FL 342224377	<input type="checkbox"/> Delete	TITLE: VP NAME: EDITH CLOCK STREET ADDRESS: 3112 56 <sup>th</sup> AVENUE EAST CITY-ST-ZIP: ELLENTON FL 34222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: CYCOTTE, MARILYN STREET ADDRESS: 5803 30TH CT E CITY-ST-ZIP: ELLENTON, FL 34222	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: MARILYN CYCOTTE STREET ADDRESS: 5803 30 <sup>th</sup> COURT EAST CITY-ST-ZIP: ELLENTON FL 34222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BROWN, RAY E STREET ADDRESS: 5909 30TH CT E CITY-ST-ZIP: ELLENTON, FL 34222	<input checked="" type="checkbox"/> Delete	TITLE: TRACIE BLITCH DIRECTOR NAME: TRACIE BLITCH STREET ADDRESS: 5511 81 <sup>st</sup> COURT EAST CITY-ST-ZIP: ELLENTON, FL 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: TREE SURVIVOR NAME: LINDA LLOYD STREET ADDRESS: 3609 31 <sup>st</sup> COURT EAST CITY-ST-ZIP: ELLENTON, FL 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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 titles empowered.			
SIGNATURE: <i>Linda Lloyd</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		LINDA LLOYD Date: 11/20/2004 Daytime Phone #: 941-721-1626	