

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90486 048 ****70.00

DOCUMENT # N95000003090		
1. Entity Name THE OAKS AT BUSCH HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 8718 BUSCH OAK ST TAMPA, FL 33617 US	Mailing Address P.O. BOX 291194 TAMPA, FL 33687 US
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2. Principal Place of Business 8708 BUSCH OAK ST	3. Mailing Address PO BOX 291194		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State TAMPA, FL	City & State TAMPA, FL		
Zip 33617	Country US	Zip 33687	Country US

6. Name and Address of Current Registered Agent POLITE, JOANNE 8702 BUSCH OAK STREET TAMPA, FL 33617		7. Name and Address of New Registered Agent Name MARSHA PHILGENCE Street Address (P.O. Box Number is Not Acceptable) 8745 BUSCH OAK ST. City TAMPA, FL Zip Code 33617	
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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.

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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
DC SNOW, OE 8717 BUSCH OAKS ST TAMPA, FL 33617		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DC LEE CANNEDY 8745 BUSCH OAKS ST. TAMPA, FL 33617	
DP BABOOLALL, DEBRA 8718 BUSCH OAKS ST TAMPA, FL 33617		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DP RANDY PETERS 8708 BUSCH OAK ST TAMPA, FL 33617	
DVP PHILGENCE, MARSH 8719 BUSCH OAK ST. TAMPA, FL 33617		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DVP MARSHA PHILGENCE 8745 BUSCH OAK ST. TAMPA, FL 33617	
DS PARKER, CLAUDIA 8173 BUSCH OAKS TAMPA, FL 33617		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DT POLITE, JOANNE 8701 BUSCH OAK ST. TAMPA, FL 33617		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DT BILLIE Dobby 8713 BUSCH OAK ST TAMPA, FL 33617	
DS BARNES, DEBORAH 8746 BUSCH OAK ST. TAMPA, FL 33617		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: MARSHA PHILGENCE		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/2006	
				Date Daytime Phone #	