


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	
2. Principal Place of Business 8708 BUSCH OAK ST		3. Mailing Address PO BOX 291194	
Suite, Apt. #, etc. 3		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	
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 MARSHA PHILGENCE		DATE 4/15/2006	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 8741 BUSCH OAKS ST. TAMPA, FL 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PHILGENCE, MARSH 8745 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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PARKER, CLAUDIA 8173 BUSCH OAKS TAMPA, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 DOBY 8713 BUSCH OAK ST TAMPA, FL 33617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARNES, DEBORAH 8746 BUSCH OAK ST. TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

50018053



04272006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3327675

Applied For
Not Applicable

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

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 #