

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

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 004 ****61.28

DOCUMENT # N96000000188

1. Entity Name

OAKLEIGH RESIDENTS ASSOCIATION, INC.



Principal Place of Business

MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US

Mailing Address

MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE FL 32606
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

59-3436668

Applied For

Not Applicable

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

MANAGEMENT SPECIALISTS
4400 NW 36 AVE
GAINESVILLE FL 32606

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 reappointing)

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

TITLE ☐ Delete
NAME SPARROW, RENAI
STREET ADDRESS 5745 SW 75TH ST #157
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☒ Delete
NAME NIEHAUS, DONNA
STREET ADDRESS 12505 SW 11TH AVE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☒ Delete
NAME MCQUILLIAN, SUSAN
STREET ADDRESS 12516 SW 9TH AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Sparrow, Renai L.
STREET ADDRESS 5745 SW 75th St #157
CITY-ST-ZIP Gainesville FL 32608

TITLE ☐ Change ☐ Addition
NAME James
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Andrisin, James G.
STREET ADDRESS 909 SW 120 St
CITY-ST-ZIP Newberry FL 32669

TITLE ☐ Change ☒ Addition
NAME McAlhany, Allison
STREET ADDRESS 12417 SW 9th Ave
CITY-ST-ZIP Newberry FL 32669

TITLE ☐ Change ☒ Addition
NAME Rust, Mike
STREET ADDRESS 12409 SW 11th Ave
CITY-ST-ZIP Newberry FL 32669

TITLE ☐ Change ☒ Addition
NAME Oliva, Steven J.
STREET ADDRESS 12203 SW 11th Ave
CITY-ST-ZIP Newberry FL 32669

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:

[Signature] JAMES ANDRISIN

4-25-06

352-373-4032