


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90285 026 ****61.25

DOCUMENT # N97000001145	
1. Entity Name THE OAKS AT LAKE FRONT HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 3532 TWELVE OAKS CIR MERRITT ISLAND, FL 32953	Mailing Address 3532 TWELVE OAKS CIR MERRITT ISLAND, FL 32953
---	---

14017363

2. Principal Place of Business 3572 Twelve Oaks Cir.	3. Mailing Address 3572 Twelve Oaks Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Merritt Island, FL	City & State Merritt Island, FL
Zip 32953	Country
Zip 32953	Country

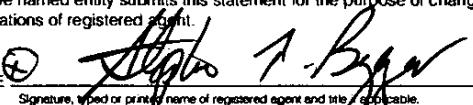


04192005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3538103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SINCLAIR, MARK 3532 TWELVE OAKS CIR MERRITT ISLAND, FL 32953	7. Name and Address of New Registered Agent Name Benzinger, Steve Street Address (P.O. Box Number is Not Acceptable) 3572 Twelve Oaks Circle City Merritt Island FL Zip Code 32953
--	--

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:  **5/6/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	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	PD SINCLAIR, MARK 3532 TWELVE OAKS CIR MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Steve Benzinger 3572 Twelve Oaks Circle Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, JIM 3502 TWELVE OAKS CIR MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Thomas, Jim 3502 Twelve Oaks Circle Merritt Island, FL 32953 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRIEDLER, LUBA 3562 TWELVE OAKS CIR MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Timothy, Earle 3472 Twelve Oaks Circle Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.

SIGNATURE:  **5/6/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR