

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 015 ****61.25

DOCUMENT # N97000001145

1. Entity Name
**THE OAKS AT LAKE FRONT HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**3572 TWELVE OAKS CIRCLE
MERRITT ISLAND, FL 32953**

Mailing Address
**3572 TWELVE OAKS CIRCLE
MERRITT ISLAND, FL 32953**

2. Principal Place of Business
3612 Twelve Oaks Circle

3. Mailing Address
3612 Twelve Oaks Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192006 Chg-NP CR2E037 (4/06)

City & State
Merritt Island, FL.

City & State
Merritt Island, FL.

4. FEI Number
59-3538103

Applied For
☐ Not Applicable

Zip
32953

Country
Brevard

Zip
32953

Country
Brevard

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

6. Name and Address of Current Registered Agent

**BENZINGER, STEVE
3572 TWELVE OAKS CIRCLE
MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

Name
Schmidt, Peter
Street Address (P.O. Box Number is Not Acceptable)
3612 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/14/06

Filing Fee is \$61.25
Due by September 6, 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
PD ☒ Delete
NAME
BENZINGER, STEVE
STREET ADDRESS
3572 TWELVE OAKS CIRCLE
CITY-ST-ZIP
MERRITT ISLAND, FL 32953

TITLE
VD ☒ Delete
NAME
THOMAS, JIM
STREET ADDRESS
3502 TWELVE OAKS CIR
CITY-ST-ZIP
MERRITT ISLAND, FL 32953

TITLE
VD ☒ Delete
NAME
TIMOTHY, EARLE
STREET ADDRESS
3472 TWELVE OAKS CIRCLE
CITY-ST-ZIP
MERRITT ISLAND, FL 32953

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
PD ☒ Change ☐ Addition
NAME
Schmidt, Peter
STREET ADDRESS
3612 Twelve Oaks circle
CITY-ST-ZIP
Merritt Island, FL. 32953

TITLE
VD ☒ Change ☐ Addition
NAME
Ledford, Robert
STREET ADDRESS
330 Three Oaks Drive
CITY-ST-ZIP
Merritt Island, FL. 32953

TITLE
VD ☒ Change ☐ Addition
NAME
Poland, Brian
STREET ADDRESS
3542 Twelve Oaks Circle
CITY-ST-ZIP
Merritt Island, FL. 32953

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. SCHMIDT.

8/14/06 321-455-9366

Date

Daytime Phone #