



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000808 1. Entity Name THE OAKS AT WINTER SPRINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714-2006 US			Mailing Address 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714-2006 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02022006 Chg-NP CR2E037 (11/05)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3508533				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 GUADAGNINO, ANTHONY C/O PRESIDENTAIL GROUP SOUTH, INC. 135 W. PINE VIEW ST. ALTAMONTE SPRINGS, FL 32714	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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	VP STEWART, JANETTE 106 LISA LOOP WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HORN, CHERYL 101 LISA LOOP WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete		<div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUMNER, TAMMY 125 LISA LOOP WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete		<div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div> <div> <input type="checkbox"/> Delete </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
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: <u><i>Tammy Sumner, President</i></u> 4/25/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					