


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90050 020 ****61.25

DOCUMENT # N98000001971 1. Entity Name NOKOMIS OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 410 JEANNETTE COURT NOKOMIS, FL 34275			Mailing Address 410 JEANNETTE COURT NOKOMIS, FL 34275		
2. Principal Place of Business 389 Hanchey Dr Suite, Apt. #, etc.			3. Mailing Address 389 Hanchey Dr Suite, Apt. #, etc.		
City & State Nokomis, Fl			City & State Nokomis, Fl		
Zip 34275		Country USA		Zip 34275	
Country USA		4. FEI Number 65-0824106			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GUTZMANN, DANIEL 503 JENNY DRIVE NOKOMIS, FL 34275			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 reinstating) DATE</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	DVS <input checked="" type="checkbox"/> Delete SCHALK, JEANNE 406 JEANNETTE COURT NOKOMIS, FL 34275				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input checked="" type="checkbox"/> Delete JENSEN, ROBERT 410 JEANNETTE COURT NOKOMIS, FL 34275				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete GUTZMANN, DANIEL 503 JENNY COURT NOKOMIS, FL 34275				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete SCHALK, PHILIP 406 JEANNETTE COURT NOKOMIS, FL 34275				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete FRAZER, GENNIE 393 HANCHEY DRIVE NOKOMIS, FL 34275				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete FLOKSTRA, JEANNETTE M. 386 HANCHEY DRIVE NOKOMIS, FL 34275				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nascimbeni, David 389 Hanchey Drive Nokomis, Fl 34275					
DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Millner, Rita 509 Jenny Drive Nokomis, Fl 34275					
DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Flokstra, Jeannette M. 386 Hanchey Drive Nokomis, Fl 34275					
DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frazer, Gennie 393 Hanchey Drive Nokomis, Fl 34275					
DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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>David Nascimbeni Treasurer</u> 3-8-06 1-941-412-9238 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> David Nascimbeni					