2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# N98000002655

Entity Name: OAKLAND HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8208 CR 109, D-1
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

8208 CR 109, D-1
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3551576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAND, MARIE T
8208 CR 109 D 1
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	BRAND, MARIE T	
Address:	8208 CR 109 D 1	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	DV	( ) Delete
Name:	POSS, CHARLOTTE	
Address:	13931 CR 109 F	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	DV	( ) Delete
Name:	JIM, BRAND	
Address:	8208 CR 109 D 1	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	DS	( ) Delete
Name:	CHOATE, JEAN	
Address:	13571 CR 109 E 1	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	DT	( ) Delete
Name:	WARNER, RUBY	
Address:	7656 CR 109 G	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	D	( ) Delete
Name:	WARNER, BOB	
Address:	7656 CR 109 G	
City-St-Zip:	LADY LAKE, FL 32159	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	DOUGHERTY, CASSIE	
Address:	13605 CR 109	
City-St-Zip:	LADY LAKE, FL 32159	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE POSS DV 04/23/2006

Electronic Signature of Signing Officer or Director — Date