

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000169217			
1. Entity Name "OAKVIEW SWIM AND TENNIS CLUB, INC."			
Principal Place of Business 5523 SPRINGLAKE DR LAKELAND FL 33811		Mailing Address 5523 SPRINGLAKE DR LAKELAND FL 33811	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent COX, KEVIN P 201 N CHURCH AVE MULBERRY FL 33860		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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			



1st MOORE CR2E034 (10/05)

4. FEI Number **81-0664972** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BUSTARD, F W III	
STREET ADDRESS	5523 SPRINGLAKE DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	PD	☐ Delete
NAME	BUSTARD, JOAN L	
STREET ADDRESS	5523 SPRINGLAKE DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VD	☐ Delete
NAME	BUSTARD, CLAYTON A	
STREET ADDRESS	5523 SPRINGLAKE DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

U00000539011
05/09/06-80084-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

Clayton A. Bustard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06 (863) 709-1972 (863) 712-09