


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90011 021 \*\*\*\*61.25

**DOCUMENT # 768329**

1. Entity Name  
**OAK MEADOW CONDOMINIUM ASSOCIATION OF PENSACOLA, INCORPORATED**



Principal Place of Business  
**7225W FAIRFIELD DR  
 PENSACOLA, FL 32506 US**

Mailing Address  
**P. O. BOX 36185  
 PENSACOLA, FL 32516-6185 US**

**49001322**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2296537**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**BUECHLER, FRANCINE  
 7225 W FAIRFIELD DR  
 UNIT B-7  
 PENSACOLA, FL 32506**

**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.

SIGNATURE *Francine Buechler 1/8/04* *Francine Buechler 1/8/04* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD KING, DORTHEY 7225 W. FAIRFIELD DR B-1 PENSACOLA, FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANBERRY, WILLIE MAE 7225 W FAIRFIELD DR B-3 PENSACOLA, FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUECHLER,, FRANCINE 7225 W. FAIRFIELD DR. B-7 PENSACOLA, FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JEAN 7225 W. FAIRFIELD DR. D-4 PENSACOLA, FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, MARY 7225 W. FAIRFIELD DR A-4 PENSACOLA, FL 32506 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, BARBARA 2376 CADDYSHACK LANE 7225 W. Fairfield Dr F-1 PENSACOLA, FL 32520 32506 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Francine Buechler Pres* *Francine Buechler 1/8/04* *850 484-1912*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #