

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90049 046 ****61.25

DOCUMENT # N01000008928

1. Entity Name
OAK GARDENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 11200 U.S. 27 SOUTH, LOT 27
 SEBRING, FL 33876

Mailing Address
 C/O LARRY TRUCKERMILLER
 11200 US 27 SOUTH, LOT 31
 SEBRING, FL 33876-8505

50016505



01132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 01-0551856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUCKERMILLER, LARRY R 11200 US 27 S., LOT #31 SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'HAIR, DOROTHY 11200 US 27 SO. LOT #17 SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'HAIR, ANGELA M LORI WADE 11200 U.S. 27 SOUTH, LOT-27 11200 U.S. 27 SOUTH SEBRING, FL 33876 LOT # 8 SEBRING FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIMER, BARBARA ANNE LANGSTON 11200 US 27 SO., LOT #13 11200 U.S. 27 SOUTH SEBRING, FL 33876 LOT # 13 SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Larry R. Truckermiller 2-10-05 863-655-6179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #