


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90028 006 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0551856	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUCKERMILLER, LARRY R		NAME		
STREET ADDRESS	11200 US 27 S. LOT #31		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'HAIR, DOROTHY		NAME	V-PRESIDENT	
STREET ADDRESS	11200 US 27 SO. LOT #17		STREET ADDRESS	LANGSTON, ANNE	
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP	11200 U.S. 27 SOUTH #13	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WADE, LORI		NAME		
STREET ADDRESS	11200 US 27 SOUTH LOT #8		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LANGSTON, ANNE		NAME	SECRETARY	
STREET ADDRESS	11200 US 27 SO., LOT #13		STREET ADDRESS	LINDA JAMBS	
CITY-ST-ZIP	SEBRING, FL 33876		CITY-ST-ZIP	11200 U.S. 27 SOUTH #21	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Larry R Truckermiller, President</u>			Date: <u>3-9-06</u> Daytime Phone #: <u>(863)863-314-2998</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		