

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2006
Secretary of State**

DOCUMENT# N02355

Entity Name: OAKCREEK CAVERNS LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4009 SW 20TH AVE.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

4000 SW 20TH AVE.
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2594131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAWAY, III, LAWRENCE C.
21 NE 1ST AVE.
OCALA, FL 34470 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: PD () Delete
Name: BOYNTON, PAUL
Address: 1830 SW 40 PL
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: SCHAAP, STEVE
Address: 4299 SW 20 AVE
City-St-Zip: Ocala, FL 34474

Title: STD () Delete
Name: BOYNTON, DONNA A.
Address: 1830 SW 40TH PL.
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: REYNOLDS, RUSS
Address: 1850 SW 40TH PL.
City-St-Zip: Ocala, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LAKSHMINARAYANAN, POORNIMA
Address: 4220 SW 20TH AVE.
City-St-Zip: Ocala, FL 34474

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: DONNA A. BOYNTON

STD

04/24/2006

Electronic Signature of Signing Officer or Director

Date