


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-28-2006 90135 032 ****61.25

DOCUMENT # N05000000823			
1. Entity Name OAK CROSSING MASTER ASSOCIATION, INC.			
Principal Place of Business 2000 EAST EDGEWOOD DRIVE, SUITE 103 LAKELAND, FL 33803		Mailing Address 2000 EAST EDGEWOOD DRIVE, SUITE 103 LAKELAND, FL 33803	
2. Principal Place of Business		3. Mailing Address <i>3361 W. Vine street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>208</i>	
City & State		City & State <i>Kissimmee, FL</i>	
Zip	Country	Zip <i>34741</i>	Country <i>Osceola</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LADERER, EDWARD H JR. 2000 EAST EDGEWOOD DRIVE, SUITE 103 LAKELAND, FL 33803		Name <i>Florida Association Management, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>40 Dottie Boyd</i> <i>3361 W. Vine Street, Ste 208</i> City <i>Kissimmee</i> FL Zip Code <i>34741</i>	
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 <i>Nellie Boyd, LCAM</i>		DATE <i>3/17/06</i>	
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 NAME STREET ADDRESS CITY - ST - ZIP	D LADERER, EDWARD H JR. 2000 EAST EDGEWOOD DRIVE, SUITE 103 LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFFMAN, L.K. P.O. BOX 7357 LAKELAND, FL 33807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REHBERG, JAMES H 8802 SHIMMERING DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <i>X</i>		DATE: <i>3/17/06</i> DAYTIME PHONE #: <i>407-483-1301</i>	

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02062006 Chg-NP CR2E037 (11/05)

4. FEI Number *20-3327736* Applied For Not Applicable

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

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

DATE