

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19755

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC8750567502**

**Entity Name:** OAKLANE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3005 CUNARD DR  
VALRICO, FL 33596

**Current Mailing Address:**

3005 CUNARD DR  
VALRICO, FL 33596 US

**FEI Number:** 65-0199480

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VENABLES, BARRY W  
3005 CUNARD DR  
VALRICO, FL 33596 US

*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

**Officer/Director Detail :**

Title DP  
Name VENABLES, BARRY W  
Address 3001 CUNARD DR  
City-State-Zip: VALRICO FL 33596

Title DVP  
Name NANNNS, LAWRENCE  
Address 3016 CUNARD DR  
City-State-Zip: VALRICO FL 33596

Title DS  
Name STANLEY, ELLEN A  
Address 3017 CUNARD DR  
City-State-Zip: VALRICO FL 33596

Title DT  
Name WHIDDEN, WADE M  
Address 3015 CUNARD DR  
City-State-Zip: VALRICO FL 33596

Title DIR  
Name RIDGLEY, WAYNE EII  
Address 2204 GADWALL CT  
City-State-Zip: VALRICO FL 33596

*I hereby 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 all other like empowered.*

**SIGNATURE: BARRY W VENABLES**

**PRES**

**02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date