


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90092 043 \*\*\*\*61.25

<b>DOCUMENT # N19755</b>			
1. Entity Name OAKLANE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3011 CUNARD DRIVE VALRICO, FL 33594 US		Mailing Address 3011 CUNARD DRIVE VALRICO, FL 33594 US	
2. Principal Place of Business 2204 Spoonbill Court		3. Mailing Address 2204 Spoonbill Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valrico, FL		City & State Valrico, FL	
Zip 33594	Country USA	Zip 33594	Country USA
4. FEI Number 65-0199480		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 GEORGE B. HARDY 3011 CUNARD DRIVE VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Cheryl English Street Address (P.O. Box Number is Not Acceptable) 2204 Spoonbill Court City Valrico FL Zip Code 33594	
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 Cheryl Anne English Cheryl Anne English 4/11/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 DT	HARDY, GEORGE B 3011 CUNARD DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE DP	Cheryl English 2204 Spoonbill Ct VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP	LEISTL, BUD L 3012 CUNARD DR VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE DV	Elaine Fox 2202 Spoonbill Ct VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DS	FOX, ROBERT 2202 SPOONBILL CT VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE DS	KATHY NANNS 3016 CUNARD DR. VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV	WHIDDEN, WADE 3015 CUNARD DR VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE DT	RICK LANNIE 2203 Spoonbill Ct VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" 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 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: Cheryl Anne English Cheryl Anne English		Date: 4/11/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	