

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19755**

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



Principal Place of Business  
**2204 SPOONBILL KCT  
 VALRICO, FL 33594 US**

Mailing Address  
**2204 SPOONBILL KCT  
 VALRICO, FL 33594 US**



02182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0199480** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ENGLISH, CHERYL  
 2204 SPOONBILL CT  
 VALRICO, FL 33594**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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.  **\$5.00** May Be  
 Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENGLISH, CHERYL 2204 SPOONBILL CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOX, ELAINE 2202 SPOONBILL CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NANNS, KATHY 3016 CUNARD DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANNIE, RICK 2203 SPOONBILL CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000444844  
 03/07/06-80018-020 61.25

**DO NOT WRITE  
 IN THIS SPACE**

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:** *Rick Lannie* **Rick Lannie, DT** 2-17-06 765-4792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #