


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 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
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02172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

ENGLISH, CHERYL
 2204 SPOONBILL CT
 VALRICO, FL 33594

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000644441
 03/02/07-80042-010 61.25

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	

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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: *Ricky Lannie* **Ricky Lannie, DT** **2-19-07** **765-4792**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #