

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90264 001 ****61.25

DOCUMENT # N28198

1. Entity Name

OAKS LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O PLUMLEE GULF BEACH REALTY
417 1ST ST
INDIAN ROCKS BCH. FL 33785
US

Mailing Address

300 S DUNCAN AVE
STE 220B
CLEARWATER FL 33755
US

24000010



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2966404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLUMLEE, PATRICIA
417 FIRST ST.
INDIAN ROCKS BCH. FL 33785

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D ☐ Delete
NAME ANDREACCHIO, MICHELE
STREET ADDRESS 427 84TH ST.
CITY-ST-ZIP BROOKLYN NY 11209

TITLE T ☒ Change ☐ Addition
NAME michelle Andreacchio
STREET ADDRESS 427 - 84th Street
CITY-ST-ZIP Brooklyn, N.Y. 11209

TITLE D ☐ Delete
NAME PLUMLEE, PATRICIA
STREET ADDRESS 417 FIRST ST
CITY-ST-ZIP INDIAN ROCKS BCH. FL 33785

TITLE V ☒ Change ☐ Addition
NAME Patricia Plumlee
STREET ADDRESS 417 First Street
CITY-ST-ZIP Indian Rocks Beach, FL 33785

TITLE D ☐ Delete
NAME FOWLER, RICHARD
STREET ADDRESS 5936 WELLS RD
CITY-ST-ZIP ST. LOUIS MO 63128

TITLE P ☒ Change ☐ Addition
NAME Richard Fowler
STREET ADDRESS 517 First Street, #3
CITY-ST-ZIP Indian Rocks Beach, FL 33785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Plumlee PLUMLEE, P. 4-21-04 727 595-7586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #