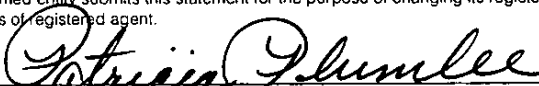
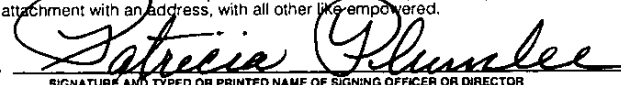


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90581 002 ****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		
2. Principal Place of Business Oaks Landing Suite, Apt. #, etc. 517 1st St.		3. Mailing Address Suite, Apt. #, etc. City & State Indian Rocks Beach, FL			
City & State Indian Rocks Beach, FL		City & State 		4. FEI Number 59-2966404	
Zip 33785		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLUMLEE, PATRICIA 417 FIRST ST. INDIAN ROCKS BCH., FL 33785				7. Name and Address of New Registered Agent 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. 2-26-05 DATE (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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 T S	☐ Delete		TITLE S	☒ Change ☐ Addition	
NAME ANDREACCHIO, MICHELE			NAME Michelle Andreacchio		
STREET ADDRESS 427 84TH ST.			STREET ADDRESS 427 - 84th Street		
CITY-ST-ZIP BROOKLYN, NY 11209			CITY-ST-ZIP Brooklyn, NY 11209		
TITLE P/T	☐ Delete		TITLE P/T	☒ Change ☐ Addition	
NAME PLUMLEE, PATRICIA			NAME Patricia Plumlee		
STREET ADDRESS 417 FIRST ST			STREET ADDRESS 417 First St.		
CITY-ST-ZIP INDIAN ROCKS BCH., FL 33785			CITY-ST-ZIP Indian Rocks Beach, FL 33785		
TITLE P	☒ Delete		TITLE Y	☐ Change ☒ Addition	
NAME FOWLER, RICHARD			NAME Frank Luisi		
STREET ADDRESS 517 FIRST ST., #3			STREET ADDRESS 854 Southern Dr.		
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP Franklyn Square, NY 11010		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		