

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28198

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** OAKS LANDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

OAKS LANDING  
517 1ST ST  
INDIAN ROCKS BCH., FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 S DUNCAN AVE  
STE 220B  
CLEARWATER, FL 33755 US

**New Mailing Address:**

901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 US

**FEI Number:** 59-2966404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: ANDREACCHIO, MICHELLE  
Address: 427 84TH ST.  
City-St-Zip: BROOKLYN, NY 11209

Title: PT ( ) Delete  
Name: PLUMLEE, PATRICIA  
Address: 417 FIRST ST  
City-St-Zip: INDIAN ROCKS BCH., FL 33785

Title: V ( ) Delete  
Name: LUISI, FRANK  
Address: 854 SOUTHERN DR  
City-St-Zip: FRANKLIN SQUARE, NY 11010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. COMMONS

CPA

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date