2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State
07-12-2007 90057 005 ****61.25

DOCUMENT # 724672

1. Entity Name
THE OAKS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1919 WOODCREST DR WINTER PARK, FL 32792	1919 WOODCREST DR WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3212486
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LESE, DOROTHY A
1919 WOODCREST DR
WINTER PARK, FL 32792

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LESE, DOROTHY A
STREET ADDRESS	1919 WOODCREST DR
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	~~SD~~
NAME	~~GASON, JOAN E~~
STREET ADDRESS	~~1915 WOODCREST DR~~
CITY-ST-ZIP	~~WINTER PARK, FL 32792~~
TITLE	~~PD~~
NAME	~~BOSS, JANET~~
STREET ADDRESS	~~1927 WOODCREST DR~~
CITY-ST-ZIP	~~WINTER PARK, FL 32792~~
TITLE	SP
NAME	MINEAR, JUDITH L.
STREET ADDRESS	1929 WOODCREST DR.
CITY-ST-ZIP	WINTER PK - FL 32792
TITLE	PD
NAME	HASSLER, RANDY
STREET ADDRESS	1911 WOODCREST DR
CITY-ST-ZIP	WINTER PK, FL 32792
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: Dorothy B. Lese 7/9/01 407628 1406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOROTHY A. LESE