2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State
01-18-2008 90006 013 ****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

4UUU3304

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
LESE, DOROTHY A 1919 WOODCREST DR WINTER PARK, FL 32792	Name GARCIA, JOSE S. Street Address (P.O. Box Number is Not Acceptable) 1923 WOODCREST Dr. City WINTER PARK FL Zip Code 32792

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 Jose S. Garcia JANUARY 11, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LESE, DOROTHY A 1919 WOODCREST DR WINTER PARK, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, Jose S. 1923 WOODCREST Dr. WINTER PARK FL. 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MINEAR, JUDITH 1929 WOODCREST DR WINTER PARK, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MINEAR, JUDITH 1929 WOODCREST Dr. WINTER PARK FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HASSLER, RANDY 1919 WOODCREST DR WINTER PARK, FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASON, JOAN E 1915 WOODCREST Dr. WINTER PARK, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jose S. Garcia JOSE S. GARCIA 1/11/2008 407-677-7113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #