2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 724672

Entity Name: THE OAKS ASSOCIATION, INC.

Current Principal Place of Business:

1919 WOODCREST DR
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1919 WOODCREST DR
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3212486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, JOSE S
1923 WOODCREST DR
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

THE OAKS CONDOMINUM ASSOCIATION
1919 WOODCREST DR
WINTER PARK, FL 32792 US

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: DOROTHY D. LESE 02/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: GARCIA, JOSE S
Address: 1923 WOODCREST DR
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete
Name: MINEAR, JUDITH
Address: 1929 WOODCREST DR
City-St-Zip: WINTER PARK, FL 32792

Title: PD ( ) Delete
Name: CASON, JOAN E
Address: 1915 WOODCREST DR
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CASON, JOAN E
Address: 1915 WOODCREST DR.
City-St-Zip: WINTER PARK, FL 32792

Title: SEC (X) Change ( ) Addition
Name: MINEAR, JUDITH
Address: 1929 WOODCREST DR
City-St-Zip: WINTER PARK, FL 32792

Title: TREA (X) Change ( ) Addition
Name: LESE, DOROTHY D
Address: 1919 WOODCREST DR
City-St-Zip: WINTER PARK, FL 32792

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: DOROTHY D. LESE TREA 02/03/2009
Electronic Signature of Signing Officer or Director Date