2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jul 18, 2006 8:00 am Secretary of State

| DOCUMENT # 751601 1. Entity Name THE OAKS ASSOCIATION, INC. | | | | 07-18-2006 90084 050 ****61.25 |
|---|---|---|---------------------------------------|--|
| Principal Place of Business 639 AVENUE F, NW APT 1 WINTER HAVEN, FL 33881 US | | Mailing Address 639 AVENUE F. N.W. APT 1 WINTER HAVEN, FL 33881 US | | 40099651 |
| 2. Principal Place of Business | | 3. Mailing Address | | T TRANSFORM DINASTRATO ANNO RELEVANTA DE LA PROPERTIE DE LA PROPERTIE DE LA PROPERTIE DE LA PROPERTIE DE LA PR |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07122006 Chg-NP CR2E037 (4/06) |
| City & State | | City & State | | 4. FEI Number Applied For 59-2876593 Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | |
| HERZOG, JOSEPH 335 7TH ST SW WINTER HAVEN, FL 33880 Syeet Address (P.O. Box Number is Not Acceptable) 335 7th Street S.W. City Winter Haven FL Zig Code 880 | | | | |
| 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. (NOTT degistered Agent signature required when reinstating) DATE | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 9. Election Ca Trust Fund | | | npaign Financing ontribution. | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| 10. | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, ROBERT 639 AVE F NW #1 WINTER HAVEN, FL 33881 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD REYNOLDS, JENNIFER 639 AVE F NW # 3 WINTER HAVEN, FL 33881 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MORAIES, MELISSA 639 AVE F NW #5 WINTER HAVEN, FL 33881 | Delete | | Treasurer Change Addition DIANE Herzog 335 7th street S.W. WINKE HAVE, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HALEY, MARIAN 9 KENNETH RD MARBLEHEAD, MA 019451528 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HOLLISTER, LENHOOD M 639 AVE. F, NW #1 WINTER HAVEN, FL 33881 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HERZOG, JOSEPH 335 7TH ST 6W WINTER HAVEN, FL 33880 | D XDelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Change Maddition Tohn Burn Street Now. Winter Haven, FL 33881 |
| 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 receiper 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 | | | | |

Lewwood Hollister

7.12.06

863.299.5896

Daytime Phone #