2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90087 002 ****61.25

DOCUMENT # 770820

1. Entity Name
OAK TREE PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1962 OKEECHOBEE, FL 34973-1962	P.O. BOX 1962 OKEECHOBEE, FL 34973-1962

05012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O.Box 242	P.O.Box 242
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, FL
Zip: 34973-0242 Country: USA	Zip: 34973-0242 Country: USA

4. FEI Number 65-0006659 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIR, LORI
2201 SW 28TH ST
VILLA 49
OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

Name: Melodie W. Smith
Street Address (P.O. Box Number is Not Acceptable): 312 SW 2nd Street
City: Okeechobee FL Zip Code: 34974-4213

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: Melodie W. Smith 4/30/05
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 September 7, 2005

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	P HANCOCK, MICHAEL T 312 SW 2ND ST OKEECHOBEE, FL 34974	☑ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Blair, Terry D 312 SW 2nd Street Okeechobee, FL 34974	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BLAIR, TERRY D % 312 SW 2ND STREET OKEECHOBEE, FL 34974	☑ Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Mobley, Robert P.O.Box 242 Okeechobee, FL 34973-0242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BLAIR, LORI 2201 SW 28TH ST VILLA 49 OKEECHOBEE, FL 34974	☑ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Millner, Stephanie P.O.Box 242 Okeechobee, FL 34973-0242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Jake James P.O.Box 242 Okeechobee, FL 34973-0242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Kim Rowland P.O.Box 242 Okeechobee, FL 34973-0242	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Chad Millner P.O. Box 242 Okeechobee, FL 34973-0242	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Melodie W. Smith, Pres. 05-02-05 863 763 5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #