2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 770820

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -8 PM 4:36

Principal Place of Business	Mailing Address
P.O. BOX 242 OKEECHOBEE, FL 34973-0242	P.O. BOX 242 OKEECHOBEE, FL 34973-0242

11112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

SMITH, MELODIE W
312 SW 2ND STREET
OKEECHOBEE, FL 34974-4213

7. Name and Address of New Registered Agent

Name: Jay Steven Levine, Esquire
Street Address (P.O. Box Number Not Acceptable): 2500 North Military Trail Suite 490
City: Boca Raton FL Zip Code: 33431

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: Jay Steven Levine 12/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Jay Steven Levine

Amended AR is $61.25

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 BLAIR, TERRY D 312 SW 2ND ST OKEECHOBEE, FL 34974	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D C. Gail Cone PO Box 242 Okeechobee, FL 349730242 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MOBLEY, ROBERT P O BOX 242 OKEECHOBEE, FL 349730242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 300062013933 12/08/05--01034--006 **70.00 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLNER, STEPHANIE P O BOX 242 OKEECHOBEE, FL 349730242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, JAKE P O BOX 242 OKEECHOBEE, FL 349730242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWLAND, KIM P O BOX 242 OKEECHOBEE, FL 349730242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLNER, CHAD P O BOX 242 OKEECHOBEE, FL 349730242	☐ 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 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: C. Gail Cone C. Gail Cone 11-29-05 868-763-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #