

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008236

FILED
Mar 31, 2008
Secretary of State

Entity Name: OAKES ESTATES ADVISORY, INC.

Current Principal Place of Business:

BOX 111046
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

PO BOX 111046
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3756630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLA, JOHN
5690 HIDDEN OAKS LN
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABSHER, LISA
Address: 5871 SPANISH OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: GOODIN, PETER
Address: 5815 SPANISH OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: SD () Delete
Name: COLLINS, BARB
Address: 2338 IMMOKALEE RD., #161
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: NICOLA, JOHN
Address: 5690 HIDDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: WALKER, BOB
Address: 2121 OAKES BLVD.
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: RICE, JIM
Address: 1990 OAKES BLVD.
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRY, KARL
Address: 6090 HIDDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change () Addition
Name: BAKER, DENNY
Address: 5640 ENGLISH OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN NICOLA

TD

03/31/2008

Electronic Signature of Signing Officer or Director

Date