

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008236

FILED
Apr 20, 2011
Secretary of State

Entity Name: OAKES ESTATES ADVISORY, INC.

Current Principal Place of Business:

5690 HIDDEN OAKS LANE
NAPLES, FL 34119

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: PRES
Name: WITHERITE, TIM
Address: 6060 SHADY OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: VP
Name: VITTE, MIKE
Address: 1390 OAKES BLVD.
City-St-Zip: NAPLES, FL 34119

Title: SEC
Name: COLLINS, BARBARA
Address: 6121 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: TRES
Name: NICOLA, JOHN
Address: 5690 HIDDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119

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

Title: D
Name: GARCIA, HIRAM
Address: 1180 OAKES BLVD.
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: JOHN NICOLA

TRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date