

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2004
Secretary of State**

DOCUMENT# N02000001787

Entity Name: OAKS OF TIMACUAN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE. 5000
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 33-1007237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRH MANAGEMENT INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: DP () Delete
Name: WILLIAMS, LARRY
Address: 800 WESTWOOD SQUARE, STE E
City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete
Name: WILLIAMS, DONNA
Address: 800 WESTWOOD SQUARE, STE E
City-St-Zip: OVIEDO, FL 32765

Title: DST () Delete
Name: BIERLY, J. MICHAEL
Address: 800 WESTWOOD SQUARE, STE E
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, LARRY
Address: 800 WESTWOOD SQUARE, STE E
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change () Addition
Name: WILLIAMS, DONNA
Address: 800 WESTWOOD SQUARE, STE E
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change () Addition
Name: BIERLY, J. MICHAEL
Address: 126 HAMLIN T LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY WILLIAMS

PD

04/05/2004

Electronic Signature of Signing Officer or Director

_____ Date