2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Sep 08, 2004 8:00 am Secretary of State DOCUMENT # N04357 09-08-2004 90113 041 ****61.25 1. Entity Name OAK TREE GARDENS HOMEOWNER'S ASSOCIATION. Principal Place of Business Mailing Address 54071709 2593 S PARK AVE 2593 S PARK AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) MOORE City & State City & State 4. FÉI Number Applied For 59-2823601 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKERSON, KELLI Street Address (P.O. Box Number is Not Acceptable) 2593 S. PARK AVE TITUSVILLE FL 32780 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) STATE OF THE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution, Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11 president Addition ☐ Delete TITLE TITLE Change strom werd WILLIAMS, CYNTHIA K NAME NAME 2968 cogs cabe Daine 2555 S. PARK AVE STREET ADDRESS STREET ADDRESS Thusuille, FL. 82780 Vice President TITUSVILLE FL 32780 CiTY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE Change Scott Snodgmass 2557 S. Par KAVE HEFFINGTON, PHILLIP NAME NAME 2565 S. PARK AVENUE STREET ADDRESS STREET ADDRESS Titusuille FL 32780 CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP DECRETAR D-TITLE ☐ Delete TIT! F Change **Addition** benon moster MAZZARE, JAN NAME tral 2597 S PARK AVE STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-7IP PΓ Change TITLE Delete TITLE ☐ Addition HICKERSON, MARK NAME NAME 2593 S. PARK AVE STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition HICKERSON, KELLI NAME 2593 S. PARK AVE STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CtTY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-71P

FILED

8-31-04 1-321-632-1520