2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N18466

FILED Feb 21, 2005 08:00 AM **Secretary of State**

1. Entity Name

DAVIE, FL 33324

OAK KNOLL II AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8930 STATE ROAD 84, P.O. BOX 221

Mailing Address

8930 STATE ROAD 84, P.O. BOX 221 DAVIE, FL 33324

THE REPORT OF THE PERSON OF TH				01272005 No Cng-NP CH2E037 (10/03)		
DO NOT WRITE IN THIS SPA				4. FEI Number 65-0039075		Applied For Not Applicable
	111 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 -			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent		9144.95 E. 30773677 \$77597	na navanta tata an ara-ara-ara-ara-ara-ara-ara-ara-ara-ara	, ,
INKLEBARGER, JAMES W 2321 S.W. 98TH TERRACE FT. LAUDERDALE, FL 33324			DO NOT WRITE IN THIS SPACE			
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						
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finan Trust Fund Contribution.		.00 May Be led to Fees	1100nnn237) 02/21/05-8008	649 67-002 61.25
10. OFFICERS AND DIRECTORS			21,12,22,41,41,41,41,41			,
DTLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, TOM 2030 SW 97 LN FT. LAUDERDALE, FL 33324	<u>-</u>		one of the second	114. <u>2. masmarana</u> 2011 - 1	
TITLE NAME STREET ADDRESS CITY-ST-ZP	STD GONSALVES, JANE 9910 S.W. 23RD STREET FT. LAUDERDALE, FL 33324					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DQ	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPAC	gond Gao Tuest
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADORESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 receives 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 altiotype like empowered.

SIGNATURE:

ntleBARGER