

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88852

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE OAKS, PHASE II, INC.

Current Principal Place of Business:

912 HIALEAH ST
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

912 HIALEAH ST
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-3093433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSNER, MARVIN A
5100 TOWN CENTER CIR.
SUITE 400
BOCA RATON, FL 33486 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRSNER, STEVEN A
Address: 912 HIALEAH ST
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: KIRSNER, IDA
Address: 34 STAR ISLAND
City-St-Zip: MIAMI BEACH, FL 33139

Title: VSD () Delete
Name: KIRSNER, MARVIN A
Address: 5100 TOWN CENTER CIR. #400
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: KIRSNER, RONALD M
Address: 5100 TOWN CENTER CIR. #400
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: KIRSNER, HARRY M
Address: 5100 TOWN CENTER CIR #400
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: GOLDBERG, DIANE K
Address: 5100 TOWN CENTER CIR #400
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN A. KIRSNER

PD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date