

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N07885

1. Entity Name
**THE OAKS MASTER PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**10610 METRIC DR., #190
DALLAS, TX 75243**

Mailing Address
**12 E. MONUMENT AVE.
KISSIMMEE, FL 34741**



04192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2509140

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**D & F MANAGEMENT LLC
12 EAST MONUMENT AVE
KISSIMMEE, FL 34741**

**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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000128207
04/26/04-30029-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOBLE, R. EDWARD
STREET ADDRESS	10610 METRIC DR. #190
CITY-ST-ZIP	DALLAS, TX 75243
TITLE	VTD
NAME	KIDD, ANDREW E
STREET ADDRESS	4100 ENCHANTED OAKS CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	D
NAME	HAWLEY, TIM
STREET ADDRESS	1714 GOLFVIEW DR
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 4/20/04 407-847-0073