


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90034 046 ****61.25

DOCUMENT # 751601 1. Entity Name THE OAKS ASSOCIATION, INC.					
Principal Place of Business 639 AVENUE F, NW APT 1 WINTER HAVEN, FL 33881 US			Mailing Address 639 AVENUE F. N.W. APT 1 WINTER HAVEN, FL 33881 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
4. FEI Number 59-2876593			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HERZOG, DIANE (CONN) 335 7TH ST SW WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name DIANE CONN Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	Delete	TITLE	NAME	Delete
	SMITH, ROBERT	<input type="checkbox"/>		VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	639 AVE F NW #1		STREET ADDRESS	P.O. Box 836	
CITY - ST - ZIP	WINTER HAVEN, FL 33881		CITY - ST - ZIP	Winter Haven, FL 33882	
	VD	<input type="checkbox"/>		Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JENNIFER		NAME		
STREET ADDRESS	639 AVE F NW #3		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33881		CITY - ST - ZIP		
	T	<input type="checkbox"/>		Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERZOG, DIANE		NAME	CONN DIANE	
STREET ADDRESS	335 7TH ST SW		STREET ADDRESS	335 7TH ST SW	
CITY - ST - ZIP	WINTER HAVEN, FL 33880		CITY - ST - ZIP	Winter Haven, FL 33880	
	D	<input type="checkbox"/>		Board Member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALEY, MARIAN		NAME		
STREET ADDRESS	9 KENNETH RD		STREET ADDRESS		
CITY - ST - ZIP	MARBLEHEAD, MA 019451528		CITY - ST - ZIP		
	SD	<input checked="" type="checkbox"/>		Board Members	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLISTER, LENHOOD M		NAME	Joyce Craven and Julia Spires	
STREET ADDRESS	639 AVE. F, NW #1		STREET ADDRESS	505 Hillside Dr	
CITY - ST - ZIP	WINTER HAVEN, FL 33881		CITY - ST - ZIP	Auburn, MA 01501	
	P	<input type="checkbox"/>		President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, JOHN		NAME		
STREET ADDRESS	595 6TH ST NW		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33881		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>DIANE CONN</u> 8/21/07 863 293 0785 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

WORK
863-294-5956
home (connecticut)

ATTACHMENT 40130405

~~757601~~

THE OAKS CONDOMINIUM ASSOCIATION, INCORPORATED

639 Avenue F Northwest
Winter Haven, Florida 33881

To: The Oaks Condominium Association Owners

From: Jennifer S. Reynolds, Treasurer

Subject: 2005 Annual Budget

Date: February 5, 2006

Below you will find the detailed 2005 annual budget to include all income and disbursements. If you have any questions or would like to view any paperwork concerning budgetary/monetary issues please contact me at (863) 293-2198 to schedule an appointment.

INCOME:

Maintenance Fees and Laundry Income: **\$17402.05**

DISBURSEMENTS:

Electricity (TECO)	\$ 704.51
Water, Sewer, Garbage (City of Winter Haven)	\$5759.17
Outside Pest Control and Lawn Care Maintenance	\$3832.81
Building Maintenance	\$2272.08
Insurance and Legal	\$2475.47
Taxes and Licenses	\$ 96.00
Office Supplies	\$ 98.25
Laundry Expenses	\$ 312.41
<u>Bank Service Fees (Bank of America)</u>	<u>\$ 131.50</u>
Total	\$15,682.20

CC: file

/jsr