
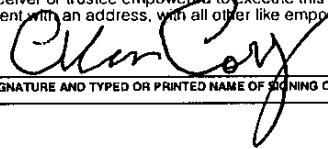


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90087 048 \*\*\*\*61.25

<b>DOCUMENT # 751940</b> 1. Entity Name <b>THE OAKS OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>ADVANCED MANAGEMETN INC OF SW FLORIDA</b> <b>9031 TOWN CENTER PARKWAY</b> <b>BRADENTON, FL 34202 US</b>			Mailing Address <b>ADVANCED MANAGEMETN INC OF SW FLORIDA</b> <b>9031 TOWN CENTER PARKWAY</b> <b>BRADENTON, FL 34202 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1989933</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ADVANCED MANAGEMENT INC OF SOUTHWEST FL</b> <b>9031 TOWN CENTER PARKWAY</b> <b>BRADENTON, FL 34202</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WESTENDORF, BARBARA</b>		NAME		
STREET ADDRESS	<b>6109 WILLOW OAK CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COY, ALLEN</b>		NAME		
STREET ADDRESS	<b>1307 WILLOW OAK CIR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALDERMAN, JAMES F</b>		NAME		
STREET ADDRESS	<b>6104 OAKS BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADDISON, C.J</b>		NAME		
STREET ADDRESS	<b>1403 WATER OAK WAY N.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POWERS, ROBERT</b>		NAME		
STREET ADDRESS	<b>1501 WALT OAK SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LACHAPPELLE, GEORGE</b>		NAME		
STREET ADDRESS	<b>6108 OAKS BV</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>Feb 29</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		