

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90049 034 \*\*\*\*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 - No P.O. Box #		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"/>				<b>\$8.75 Additional Fee Required</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COY, ALLEN		NAME	VALENTE, KATHY	
STREET ADDRESS	1307 WILLOW OAK CIR.		STREET ADDRESS	6186 OAKS BLVD.	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDERMAN, JAMES F		NAME	Ehrenreich, JOANNE	
STREET ADDRESS	6104 OAKS BLVD.		STREET ADDRESS	6110 WILLOW OAK CIR.	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAJOLLEAS, GEORGE		NAME	ROBERGE, DOIS	
STREET ADDRESS	9031 TOWN CTR PKWY		STREET ADDRESS	1408 WATER OAK WAY, South	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, ROBERT		NAME	POWERS, ROBERT	
STREET ADDRESS	1501 WALT OAK SOUTH		STREET ADDRESS	1501 WATER OAK WAY, South	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	S	<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISKIN, SHARON		NAME	WILSON, DOUGLAS E.	
STREET ADDRESS	9031 TOWN CTR PKWY		STREET ADDRESS	9031 TOWN CENTER PARKWAY	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>			4-10-2007 (411) 359-1134		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					