2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754833

FILED Jan 28, 2009 Secretary of State

Entity Name: THE OAKS DWELLING-UNIT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
	H PINE ST			
#5 VEW SMY	RNA BEACH, F	L 32169		
	ailing Address		New Mailing Addr	ress:
	_		3	
P.O. BOX : NEW SMY	2043 'RNA BEACH, F	L 32170		
El Number	: 59-2026161	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
		.,		.,
Name and	Address of Cu	ırrent Registered Agent:	Name and Addres	s of New Registered Agent:
BUTLER, E	EDNA 'H PINE ST			
# 5	'RNA BEACH, F	T 32160 US		
ALAA OIALI		L 32103 00		
	,			
The above	,	ubmits this statement for the	purpose of changing its registe	ered office or registered agent, or both,
The above	named entity sue of Florida.	ubmits this statement for the	purpose of changing its registe	ered office or registered agent, or both,
The above n the State	named entity so e of Florida. RE:	ubmits this statement for the		ered office or registered agent, or both, Date
The above n the State SIGNATUF	named entity so e of Florida. RE:	c Signature of Registered Ag	ent	
The above n the State SIGNATUR	named entity stee of Florida. RE: Electronic S AND DIRECT P () I	c Signature of Registered Ag	ent ADDITIONS/CHAN Title:	Date
The above n the State SIGNATUR DFFICERS Sitle: Name:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA	c Signature of Registered Ag ORS: Delete	ent ADDITIONS/CHAN Title: Name:	Date NGES TO OFFICERS AND DIRECTO
The above n the State	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE	c Signature of Registered Ag ORS: Delete	ent ADDITIONS/CHAN Title:	Date NGES TO OFFICERS AND DIRECTO
The above n the State SIGNATUF DFFICER: Title: Name: Address:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA B	c Signature of Registered Ag ORS: Delete E ST #5	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO
The above n the State SIGNATUR DFFICERS Title: Name: Address: City-St-Zip: Title: Name:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA B VD () I SELLERS, JOHN	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition
The above n the State SIGNATUR DFFICERS Title: Name: Address: City-St-Zip: Vite: Name: Address:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA B VD () I SELLERS, JOHN 101 N PINE ST S	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition
The above n the State SIGNATUR DFFICERS Title: Name: Address: City-St-Zip: Title: Name:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA B VD () I SELLERS, JOHN 101 N PINE ST S	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition
The above n the State SIGNATUR DFFICERS Title: Name: Address: City-St-Zip: Name: Address: City-St-Zip:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA E VD () I SELLERS, JOHN 101 N PINE ST S NEW SMYRNA E	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition
The above n the State SIGNATUR DFFICER: Title: Name: Address: Dity-St-Zip: Name: Address: Dity-St-Zip: Title: Title: Title: Title: Title: Title: Title:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA E VD () I SELLERS, JOHN 101 N PINE ST S NEW SMYRNA E	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete ITE 7 EACH, FL 32170	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition
The above in the State SIGNATUR DFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA E VD () I SELLERS, JOHN 101 N PINE ST S NEW SMYRNA E SD () I DAVIS, KATHY 101 NORTH PINE	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete ITE 7 EACH, FL 32170 Delete E ST #8	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition
The above n the State SIGNATUR DFFICERS Title: Name: Address: City-St-Zip: Vite: Name: Address:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA E VD () I SELLERS, JOHN 101 N PINE ST S NEW SMYRNA E SD () I DAVIS, KATHY 101 NORTH PINE	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete ETE 7 EACH, FL 32170 Delete	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition
The above n the State SIGNATUF DFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	named entity stee of Florida. RE: Electronic S AND DIRECT P () II BUTLER, EDNA 101 NORTH PINE NEW SMYRNA B VD () II SELLERS, JOHN 101 N PINE ST S NEW SMYRNA B SD () II DAVIS, KATHY 101 NORTH PINE NEW SMYRNA B	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete ITE 7 EACH, FL 32170 Delete E ST #8	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition
The above n the State SIGNATUR DFFICERS Title: Name:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA B VD () I SELLERS, JOHN 101 N PINE ST S NEW SMYRNA B SD () I DAVIS, KATHY 101 NORTH PINE NEW SMYRNA B TD () I BUTLER, EDNA	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete ITE 7 EACH, FL 32170 Delete E ST #8 EACH, FL 32169 Delete Delete E ST #8 EACH, FL 32169	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition
The above n the State SIGNATUR DFFICERS Title: Name:	named entity stee of Florida. RE: Electronic S AND DIRECT P () I BUTLER, EDNA 101 NORTH PINE NEW SMYRNA B VD () I SELLERS, JOHN 101 N PINE ST S NEW SMYRNA B SD () I DAVIS, KATHY 101 NORTH PINE NEW SMYRNA B TD () I BUTLER, EDNA 101 NORTH PINE	C Signature of Registered Ag ORS: Delete E ST #5 EACH, FL 32169 Delete ITE 7 EACH, FL 32170 Delete E ST #8 EACH, FL 32169 Delete Delete E ST #8 EACH, FL 32169	ent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition () Change () Addition

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

SIGNATURE: EDNA M BUTLER PRES 01/28/2009