

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:

101 NORTH PINE ST
#5
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2043
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2026161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, EDNA
101 NORTH PINE ST
#5
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BUTLER, EDNA
Address: 101 NORTH PINE ST #5
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: SELLERS, JOHN
Address: 101 N PINE ST STE 7
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: SD () Delete
Name: DAVIS, KATHY
Address: 101 NORTH PINE ST #8
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: BUTLER, EDNA
Address: 101 NORTH PINE ST #5
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date