

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758880

FILED
Apr 23, 2005
Secretary of State

Entity Name: OAK TREE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O DUANE SMERYAGE
2744 OAK TREE LANE
FT. LAUDERDALE, FL 333096700

New Principal Place of Business:

Current Mailing Address:

C/O DUANE SMERYAGE
2744 OAK TREE LANE
FT. LAUDERDALE, FL 333096700

New Mailing Address:

FEI Number: 65-0143503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRUVE, DAVID C
2760 OAKTREE LANE
FT. LAUDERDALE, FL 33309 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: T () Delete
Name: SMERYAGE, DUANE
Address: 2744 OAK TREE LANE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP () Delete
Name: BINKERD, ED
Address: 2713 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: SCOTT, BILL
Address: 2704 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: WEAVER, JAMES
Address: 2697 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P () Delete
Name: STRUVE, DAVE
Address: 2760 OAK TREE LANE
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D () Delete
Name: SADER, TAMMIE
Address: 2900 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: DUCKHAM, JEFF
Address: 2750 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S (X) Change () Addition
Name: SCOTT, BILL
Address: 2704 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Change () Addition
Name: WHITE, BERNICE
Address: 2685 OAK TREE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33309

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 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 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: DUANE SMERYAGE

T

04/23/2005

Electronic Signature of Signing Officer or Director

Date