

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 758880</b> 1. Entity Name <b>OAK TREE ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>						<b>FILED</b>  06 SEP -7 PH 3:02  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business <b>2764 OAK TREE LANE FT. LAUDERDALE, FL 33309</b>				Mailing Address <b>2764 OAK TREE LANE FT. LAUDERDALE, FL 33309</b>			
2. Principal Place of Business			3. Mailing Address			08142006    Chg-NP    CR2E037 (4/06)  4. FEI Number <b>65-0143503</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip			
6. Name and Address of Current Registered Agent  <b>STRUVE, DAVE 2760 OAK TREE LANE FT. LAUDERDALE, FL 33309</b>						7. Name and Address of New Registered Agent Name <b>Robert L Sader esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>1901 W. Cypress Creek Rd #415</b> City <b>FL Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>	
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 <b>8-30-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERUBE, KATHY</b> <b>2705 OAK TREE DR.</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600020038776</b> <b>09/21/06--01052--016 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOSS, RON</b> <b>2768 OAK TREE LANE</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, CONNIE</b> <b>2704 OAK TREE LANE</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FREELAND, JACEY</b> <b>2764 OAK TREE LANE</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMERYAGE, DUANE</b> <b>2744 OAK TREE LANE</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRUVE, JULIA</b> <b>2760 OAK TREE LANE</b> <b>FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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> <b>Jacey Freeland</b> <b>854-707-1675</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>							