2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758880

FILED Apr 13, 2007 Secretary of State

Entity Name: OAK TREE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Pri	New Principal Place of Business:			
	FREE LANE RDALE, FL 3:	3309						
Current Mailing Address:				New Ma	New Mailing Address:			
2764 OAK 1 FT. LAUDE	TREE LANE RDALE, FL 3:	3309						
FEI Number:	65-0143503	FEI Nun	nber Applied For()	FEI Number Not A	pplicable ()	Certificate of	Status Desired ()	
Name and	Address of C	urrent R	legistered Agent:	Name a	ne and Address of New Registered Agent:			
1901 W. CY FT. LAUDE	DBERT L ESQ PRESS CREI RDALE, FL 3:	EK RD., : 3309	#415 US his statement for the pu	urpose of changin	a its registered	d office or reais	tered agent, or both.	
in the State				,	J J	3	,	
SIGNATUR		io Signat	ure of Pogistered Age	nt		Date		
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
					JNS/CHANGE			
Title: Name: Address: City-St-Zip:	D () BERUBE, KATH 2705 OAK TREE FORT LAUDERI	E DR.	33309	Title: Name: Address: City-St-Zip	o:	() Change () Ad	auton	
Title: Name: Address: City-St-Zip:	D () BOSS, RON 2768 OAK TREE FORT LAUDERI		33309	Title: Name: Address: City-St-Zip):	() Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	D () SCOTT, CONNIE 2704 OAK TREE FORT LAUDERI	E LANE	33309	Title: Name: Address: City-St-Zip):	() Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	D () FREELAND, JAG 2764 OAK TREE FORT LAUDERI	E LANE	33309	Title: Name: Address: City-St-Zip	TREA FREELAND, 2764 OAK T FORT LAUD			
Title: Name: Address: City-St-Zip:	D () SMERYAGE, DU 2744 OAK TREE FORT LAUDERI	E LANE	33309	Title: Name: Address: City-St-Zip):	() Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	D () STRUVE, JULIA 2760 OAK TREE FORT LAUDERI	E LANE	33309	Title: Name: Address: City-St-Zip):	() Change () Ad	ddition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JACEY FREELAND TREA 04/13/2007