
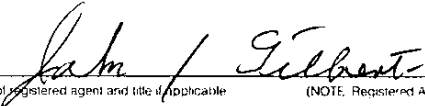


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90033 048 \*\*\*\*\*75.00

|   |   |   |  |
|---|---|---|--|
| DOCUMENT # 766462   |   |    |  |
| 1. Entity Name<br>COLLEGE OAKS CONDOMINIUM ASSOCIATION, INC.  |   |   |  |
| Principal Place of Business<br>COLLEGE OAKS COND.<br># 101<br>COCOA FL 32923  |   | Mailing Address<br>P.O. BOX 1204<br>COCOA FL 32923  |  |
| 2. Principal Place of Business - No P.O. Box #<br>COLLEGE OAKS COND<br>Suite, Apt. #, etc.<br>101   |   | 3. Mailing Address<br>PO BOX 1204<br>Suite, Apt. #, etc.  |  |
| City & State<br>COCOA FL  |   | City & State<br>COCOA FL  |  |
| Zip<br>32922  | Country   | Zip<br>32922  | Country  |
| 4. FEI Number<br>59-2363092   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required <input checked="" type="checkbox"/>  |  |
| 6. Name and Address of Current Registered Agent<br>GILBERT, JOHN<br>1800 UNV LANE STE 101<br>COCOA FL 32922   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>← Same<br>City<br>FL Zip Code          |  |
| 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<br><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) |   | DATE<br>8-20-07   |  |
| FILE NOW: FEE IS \$61.25 ✓<br>Due By: September 5, 2007   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> |  |
| Make Check Payable to<br>Florida Department of State  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>JOHN, GILBERTI<br>1800 UNIVERSITY LANE 101<br>COCOA FL 32922 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GILBETTI, JOHN<br>1800 UNIVERSITY LANE 101<br>COCOA FL 32922 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>HUGHES, FRED K<br>1800 UNIVERSITY LANE # 103<br>COCOA FL 32922 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>HUDSON, JAMES<br>1800 UNIVERSITY LANE 106<br>COCOA FL 32922 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>KAREN, CULBERSON<br>1800 UNIVERSITY LANE 306<br>COCOA FL 32922 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD ELIZABETH KANE<br>1800 UNIVERSITY LANE 102<br>COCOA FL 32922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: JOHN J. GILBERTI 8-20-07 321-749-1351