

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001611

FILED
Apr 28, 2004
Secretary of State**Entity Name:** THE OAKS AT NICEVILLE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1501 N PARTIN DRIVE
NICEVILLE, FL 32578**New Principal Place of Business:**4400 HIGHWAY 20 EAST
SUITE 313
NICEVILLE, FL 32578**Current Mailing Address:**PO BOX 0292
NICEVILLE, FL 325880292**New Mailing Address:**PO BOX 5263
NICEVILLE, FL 32578 US**FEI Number:** 59-3698563**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEWMAN, RAYMOND F
25 WALTER MARTIN RD. N.E.
SUITE 7
FT. WALTON BEACH, FL 32548**Name and Address of New Registered Agent:**LANDSBERGER, DARLANE
4400 HIGHWAY 20 EAST
SUITE 313
NICEVILLE, FL 32578

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: DARLANE LANDSBERGER

04/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPENCE, WALTER F
Address: 301 BAY SHORE RD.
City-St-Zip: NICEVILLE, FL 32578

Title: DV () Delete
Name: HILL, SHELLEY
Address: 1501 N. PARTIN DRIVE, UNIT 217
City-St-Zip: NICEVILLE, FL 32578

Title: DST () Delete
Name: HOWELL, DONNIE
Address: 915 E. JOHN SIMS PKWY
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPENCE, WALTER F
Address: 301 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VP (X) Change () Addition
Name: EDGE, JOHN
Address: 915 E JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change () Addition
Name: MILLER, WANDA
Address: P O BOX 002
City-St-Zip: NICEVILLE, FL 32588

Title: D () Change (X) Addition
Name: BLACKWELL, CECIL
Address: 211 DAVIS DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Change (X) Addition
Name: YOUNT, MARK
Address: 1217 WILLOW LANE
City-St-Zip: NICEVILLE, FL 32578

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: WALTER SPENCE

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date