## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000001611

FILED Apr 27, 2006 Secretary of State

Entity Name: THE OAKS AT NICEVILLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4400 HIGHWAY 20 EAST SUITE 313 NICEVILLE, FL 32578 **New Mailing Address: Current 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: Name and Address of New Registered Agent: LANDSBERGER, DARLANE 4400 HIGHWAY 20 EAST SUITE 313 NICEVILLE, FL 32578 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SPENCE, WALTER F GEAN, JOYCE Name: Name: 301 BAYSHORE DRIVE Address: 1501 N PARTIN DR #150 Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US Title: () Delete Title: VPD (X) Change ( ) Addition BLACKWELL, CECIL Name: OAS, PETER Name: Address: 211 DAVIS DRIVE Address: 4152 BEACH DR City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US Title: () Delete Title: SD (X) Change ( ) Addition GEAN, JOYCE ROMINGER, HEATH Name: Name: 1501 N PARTIN DRIVE #150 1501 N PARTIN DRIVE #224 Address: Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US Title: SD ( ) Delete Title: () Change () Addition LANDSBERGER, DARLANE Name: Name: 4400 HWY 20 EAST SUITE 313 Address: Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition YOUNT, MARK BLACKWELL, SHIRLEY Name: Name: 1501 N PARTIN DR #154 1117 FOREST ROAD Address: Address: City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: NICEVILLE, FL 32578 US Title: (X) Delete Title: () Change () Addition BLACKWELL, SHIRLEY Name: Name: Address: 1501 N PARTIN DRIVE #154 Address: NICEVILLE, FL 32578 US City-St-Zip: City-St-Zip:

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: JOYCE GEAN PD 04/27/2006