

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001611

FILED
Mar 29, 2007
Secretary of State

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

Current Principal Place of Business:

4400 HIGHWAY 20 EAST
SUITE 313
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 5263
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3698563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSBERGER, DARLANE
4400 HIGHWAY 20 EAST
SUITE 313
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: GEAN, JOYCE
Address: 1501 N PARTIN DR #150
City-St-Zip: NICEVILLE, FL 32578 US

Title: VPD () Delete
Name: OAS, PETER
Address: 4152 BEACH DR
City-St-Zip: NICEVILLE, FL 32578 US

Title: SD () Delete
Name: ROMINGER, HEATH
Address: 1501 N PARTIN DRIVE #224
City-St-Zip: NICEVILLE, FL 32578 US

Title: SD (X) Delete
Name: LANDSBERGER, DARLANE
Address: 4400 HWY 20 EAST SUITE 313
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD (X) Delete
Name: BLACKWELL, SHIRLEY
Address: 1501 N PARTIN DR #154
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/TD (X) Change () Addition
Name: ROMINGER, HEATH
Address: 1501 N PARTIN DRIVE #224
City-St-Zip: NICEVILLE, FL 32578 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GEAN JOYCE

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date