

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001611

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

4400 HIGHWAY 20 EAST
SUITE 312
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 312
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: VD () Delete
Name: MICHALKE, WALTER
Address: 4335 SUNSET BEACH BLVD
City-St-Zip: NICEVILLE, FL 32578 US

Title: SD () Delete
Name: VAN BERGEN, JEAN
Address: 1501 N PARTIN DRIVE #125
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD () Delete
Name: SWAN, DAVID
Address: 236 KAREN CT
City-St-Zip: NICEVILLE, FL 32578 US

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

Title: D (X) Delete
Name: WELLMAN, BARBARA
Address: 1501 N PARTIN DR #131
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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 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

04/17/2009

Electronic Signature of Signing Officer or Director

Date