

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90015 008 \*\*\*\*61.25

<b>DOCUMENT # N00000003295</b>					
<b>1. Entity Name</b> THE OAKS PLANTATION OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2412 ST ANDREWS BLVD. #31 PANAMA CITY, FL 32405-2118			<b>Mailing Address</b> 2412 ST ANDREWS BLVD. #31 PANAMA CITY, FL 32405-2118		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3718790	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MCKEE, DIANE 2412 ST ANDRES BLVD. #31 PANAMA CITY, FL 32405-2118			<b>7. Name and Address of New Registered Agent</b> Name: John M. Wambo Street Address (P.O. Box Number is Not Acceptable): 2412 St. Andrews Blvd Box #31 City: Panama City FL Zip Code: 32405		
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE:</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;">                 Jan. 25, 2008  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> TD <b>NAME</b> MCKEE, DIANE <b>STREET ADDRESS</b> 2412 ST. ANDREWS BLVD. #11 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> John M. Wambo <b>STREET ADDRESS</b> 2412 St. Andrews Blvd, #29 <b>CITY-ST-ZIP</b> Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> LEE, DOUG <b>STREET ADDRESS</b> 2412 ST. ANDREWS BLVD #12 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Day Logue <b>STREET ADDRESS</b> 2412 St. Andrews Blvd, #16 <b>CITY-ST-ZIP</b> Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> NOVAK, ROB <b>STREET ADDRESS</b> 2412 ST ANDREWS BLVD., #9 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Peggy Jacobs <b>STREET ADDRESS</b> 2412 St. Andrews Blvd, #21 <b>CITY-ST-ZIP</b> Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> MULLEN, CINDY <b>STREET ADDRESS</b> 2412 ST. ANDREWS BLVD. #5 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Pat Bell <b>STREET ADDRESS</b> 2412 St. Andrews Blvd, #25 <b>CITY-ST-ZIP</b> Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CARPENTER, DOUGLAS <b>STREET ADDRESS</b> 2412 ST. ANDREWS BLVD #8 <b>CITY-ST-ZIP</b> PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Ann Jacobi <b>STREET ADDRESS</b> 2412 St. Andrews Blvd, #18 <b>CITY-ST-ZIP</b> Panama City, FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 reports 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.</b>					
<b>SIGNATURE:</b>			John M. Wambo		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jan. 25, 2008		
<small>DATE</small>			850-785-4203		
<small>DAYTIME PHONE #</small>					