2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 23, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N0200000 C OAKS COMMUNITY AS:				04-23-20	07 90065 032 ****	61.25	
Principal Plac	e of Business	Mailing Address		4007	4443			
2611-12TH SQ. SW		2611-12TH SQ. SW		4,000	177-			
VERO BEACH, FL 32968 VERO BEACH, FL		VERO BEACH, FL 32968						
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 02-0600	 883	1 	oplied For ot Applicable	
Z ip	Country	Zip	Country	5. Certificate of	Status Desire	\$8.75	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of Ne	w Registered Agent		
MAJESTIC OAKS COMM. ASSOC.			Name	Name				
2611-12TH SQ SW			Street A	Street Address (P.O. Box Number is Not Acceptable)				
VERO BEACH, FL 32968					, , , , , , , , , , , , , , , , , , , 			
			City	City Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office o	registered agent, or both	, in the State of		and accept	
the obligat	ions of registered agent.		/ 1		,			
SIGNATURE .	Barbara A. S	mith DS/T <	Darbar	1 (l. Ani	TH	4-19-07		
OIGIWITOTIL .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)	<u> </u>	DATE		
- John Tone	Signature, typed or printed name of registered agen Filling Fee Is \$61.25 Due by May 1, 2007	s and title if applicable. (NOTE: 1	paign Financing	\$5.00 May Be Added to Fees	F	DATE Make check payable to lorida Department of S		
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND D	9. Election Camp Trust Fund Co RECTORS	paign Financing ntribution.	S5.00 May Be Added to Fees ADDITIONS/CHAI	F	Make check payable (lorida Department of S	tate	
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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 report 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.

SIGNATURE: _

Labera A. Smith Dur SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

772-299-0759