


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000838 1. Entity Name OAKS II PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 644 MILLS LANE PANAMA CITY, FL 32404-2627 US	Mailing Address 644 MILLS LANE PANAMA CITY, FL 32404-2627 US
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DO NOT WRITE IN THIS SPACE



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-3536350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURKE, M. TODD 215 GRAND BLVD. DESTIN, FL 32550
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIGBY, RICHARD 644 MILLS LANE PANAMA CITY, FL 324042627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RIGBY, TIFFINEY 644 MILLS LANE PANAMA CITY, FL 324042627
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, RUFUS 630 MILLS LANE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000514007 04/29/06-80151-019 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Richard Rigby 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-14-06** **850-832-2068**
Date Daytime Phone #