
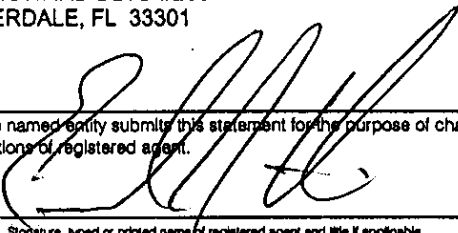
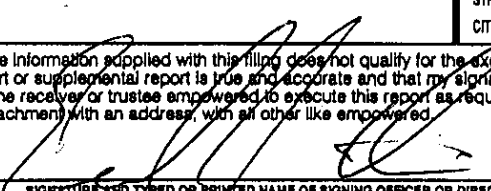


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90392 041 \*\*\*\*61.25

<b>DOCUMENT # N03000006098</b> 1. Entity Name OAK HOLLOW ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1401 E BROWARD BLVD #206 FT LAUDERDALE, FL 33301			Mailing Address 1401 E BROWARD BLVD #206 FT LAUDERDALE, FL 33301		
2. Principal Place of Business 12555 Orange Drive		3. Mailing Address 12555 Orange Drive			
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108			
City & State Davie, Florida		City & State Davie, Florida		4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
Zip 33330		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  KELLEY, PATRICK G 1401 E BROWARD BLVD #206 FT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Emanuel G. Cailis Street Address (P.O. Box Number is Not Acceptable) 12555 Orange Drive, Suite 108 City Davie FL Zip Code 33330		
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 		Emanuel G. Cailis		4/27/04	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Emanuel G. Cailis 12555 Orange Drive, Suite 108 Davie, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Cailis 12555 Orange Drive, Suite 108 Davie, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pedro Cirera 12555 Orange Drive, Suite 108 Davie, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Emanuel G. Cailis		4/27/04 954-252-0263	
Signature and typed or printed name of signing officer or director Date Daytime Phone #					