## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2007 8:00 am Secretary of State

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DOCUMENT # N0300006208  1. Enlity Name OAK PRESERVE HOMEOWNERS ASSOCIATION, INC.							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01-16-200′	7 90206	005 ****6	51.25
Principal Place of Business 1925 E EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803			1925 Suite	Mailing Address 1925 E EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803				0000 	1022 		11
2. Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01112007	Chg-NP	CR2E	037 (12/06)	
City & State			City	y & State			4. FEI Numbe 02-071			<del></del>	oplied For of Applicable
Zip	Zip Country		Zip	Zip		1	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	t Registere	d Agent			7. Name and	Address of New	Registered	d Agent	
LADERER, EDWARD H JR. 1925 E EDGEWOOD DRIVE SUITE 100			Name			s (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)				
LAKELANI	D, FL 338	03			С	City			F	Zip Cod	e
	named entity tions of regist	y submits this statement for ered agent.	for the purpo	ose of changing its	registered o	office or regist	tered agent, or bot	h, in the State of F			and accept
SIGNATURE .											
1	Signature, typed	or printed name of registered agen	n and title if appl	licable. (NOTE	. Registered Age	ent signature requi	red when reinstating)		DATE		
	Filing Fe	or printed name of registered agen e is \$61.25 lay 1, 2007	nt and title if appl	9. Election Carr Trust Fund C	npaign Finar		\$5.00 May B Added to Fees	<ul> <li>[25] (6) (3) (3) (3) (3) (3) (3)</li> </ul>	Make che	ck payable t artment of S	englesen i sammer en en en
10.	Filing Fe	e is \$61.25		9. Election Carr	npaign Finar	ncing	\$5.00 May B Added to Fees	<ul> <li>[25] (6) (3) (3) (3) (3) (3) (3)</li> </ul>	Make che orida Dep	ck payable t artment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by NO LADEREF 1925 E EE	e is \$61.25 lay 1, 2007	IRECTORS	9. Election Carr	npaign Finar contribution.	DORESS 3	\$5.00 May B Added to Fees	ANGES TO OFFIC	Make che orida Dep ERS AND (	ck payable t artment of S DIRECTORS IN	tate
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12. Thereby 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.

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changed, or on an attachment with an address, with all other like empowered.	a statutes; and that my hame	e appears in Block 10 or \$100k 11 ii
BIGNATURE: By m ham BRADIEY M. COLEMAN	01-11-2607	(863) 287-6387
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #