

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90090 007 \*\*\*\*61.25

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<b>DOCUMENT # N06000005240</b> 1. Entity Name <b>THREE OAKS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 2935 20TH ST VERO BCH, FL 32960			Mailing Address 2935 20TH ST VERO BCH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LAMBERT, PHILIP A</b> <b>2935 20TH ST</b> <b>VERO BCH, FL 32960</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DP		TITLE	D	
NAME	LAMBERT, RONALD S <input checked="" type="checkbox"/> Delete		NAME	LAMBERT, PHILIP A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2935 20TH ST		STREET ADDRESS	2935 20th Street	
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DS		TITLE	D	
NAME	LAMBERT, ROY H JR. <input checked="" type="checkbox"/> Delete		NAME	HALL, LYNN T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	2935 20TH ST		STREET ADDRESS	2973 20th Street	
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DT		TITLE	D	
NAME	LAMBERT, PHILIP A <input type="checkbox"/> Delete		NAME	PRICE, ERIC M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	2935 20TH ST		STREET ADDRESS	2955 20th Street	
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 another like empowered.					
<b>SIGNATURE:</b>			<b>Philip A. Lambert</b> <b>Director</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/19/07</b> Daytime Phone # <b>(772) 778-8240</b>		