2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2008 8:00 am Secretary of State

| 1. Entity Nam | OAKS HOMEOWNER'S AS | | 04-01-200 | 8 90005 043 *** | *61.25 | | | |
|---|--|--|--|-------------------|--------------------------------|-----------------------|---|--|
| 11441 CLEAR CREEK DRIVE 1144 | | Mailing Address 11441 CLEAR CREEK D PENSACOLA, FL 3251 | 1441 CLEAR CREEK DRIVE | | | 12266 | TA ARIJA FANN BURNA DURNA DE | 1111 6 1 11 11 |
| 2. Principal Place of Business - No P.O. Box # 3. Mai | | 3. Mailing Address | ailing Address | | | | | |
| Suite, Apt. *, etc. So | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 03272008 c | hg-NP | CR2E037 (12/06) | |
| City & State | | City & State | City & State | | 4. FEI Number | 215391 | | oplied For of Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of S | Status Desired | □ \$8.75 Add Fee Require | |
| | 5. Name and Address of Current R | egistered Agent | | | 7. Name and Ad | dress of New R | tegistered Agent | |
| | HN W AR CREEK DRIVE LA, FL 32514 | | Name Street Address (| | (P.O. Box Number is | Not Acceptable | 9) | |
| - | | | City | | | | FL Zip Cod | 8 |
| | named entity submits this statement for | | repiatored effic | | rad agant as bath is | a tha Ciata at Ele | | |
| the obligat | ions of registered agent. Signature, typed or printed name of registered agent an | d little al applicable (NOT) | E: Flegistered Agent | ligneture require | d when reinstating) | | DATE | |
| . 5 | Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribu | | | | | | | |
| | | | | | | | | |
| ·· 10. | | Trust Fund (| | | Added to Fees | Flor | | tate |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Due by May 1, 2008 | Trust Fund (| Contribution. | | Added to Fees | Flor | ida Department of S | tate |
| TITLE NAME STREET ADDRESS | OFFICERS AND DIRE OFFICERS AND DIRE DPST COBB. JOHN W 11441 CLEAR CREEK DRIVE | Trust Fund C | 11. TITLE NAME STREET ADDR | rss | Added to Fees | Flor | ida Department of S | tate |
| TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS | OFFICERS AND DIRE OFFICERS AND DIRE DPST COBB, JOHN W 11441 CLEAR CREEK DRIVE PENSACOLA, FL 32514 DV COBB, CAROLYN A 11441 CLEAR CREEK DRIVE | Trust Fund C | T11. TITLE NAME STREET ADDR CITY-SI-ZP TITLE NAME STREET ADDR | 255 | Added to Fees | Flor | TIGAND DIRECTORS IN | tate 10 Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DIRE OFFICERS AND DIRE DPST COBB, JOHN W 11441 CLEAR CREEK DRIVE PENSACOLA, FL 32514 DV COBB, CAROLYN A 11441 CLEAR CREEK DRIVE | Trust Fund C | TILE NAME STREET ADDR CITY-SI-ZIP TITLE NAME STREET ADDR CITY-SI-ZIP TITLE NAME STREET ADDR STREET ADDR | 225 | Added to Fees | Flor | tda Department of S | 10 Addition Addition |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TABLE STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS | OFFICERS AND DIRE OFFICERS AND DIRE DPST COBB, JOHN W 11441 CLEAR CREEK DRIVE PENSACOLA, FL 32514 DV COBB, CAROLYN A 11441 CLEAR CREEK DRIVE | Trust Fund C | TILE HAME STREET ADDA CITY-SI-ZIP TITLE NAME SIREET ADDA CITY-SI-ZIP TITLE NAME SIREET ADDR CITY-SI-ZIP TITLE NAME SIREET ADDR CITY-SI-ZIP TITLE NAME SIREET ADDR SIREET ADDR SIREET ADDR SIREET ADDR | ESS | Added to Fees | Flor | Ida Department of S' RS AND CHRECTORS IN Change | Addition Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRE OFFICERS AND DIRE DPST COBB, JOHN W 11441 CLEAR CREEK DRIVE PENSACOLA, FL 32514 DV COBB, CAROLYN A 11441 CLEAR CREEK DRIVE | Trust Fund C CTORS Delete Delete Delete Delete Delete | TITLE HAME STREET ADDA CITY-SI-ZIP TITLE NAME SIREET ADDA CITY-SI-ZIP TITLE HAME SIREET ADDR CITY-SI-ZIP | ESS | Added to Fees ADDITIONS/CHANG | Flor SES TO OFFICE | tda. Department of S' RS AND DIRECTORS IN Change Change Change Change | Addition Addition Addition Addition Addition Addition |

12. I hereby certify that the information supplied with this filling 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 Instee empowered to execute this report as required by Chapter 817, 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: | John Con | JOHN WM. COBB DIRECTOR | 3/27/08 | 850 944 5503 |
|------------|---------------------------------------|-----------------------------|---------|----------------|
| | SANATURE AND TYPED OR PRINTED HAME OF | NIGHTHO OFFICER OF DIRECTOR | Chera | Denome Phone # |