

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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|---|--|---|--|--|---|
| DOCUMENT # N07885 1. Entity Name THE OAKS MASTER PROPERTY OWNERS ASSOCIATION, INC. | | | | 05 JUL 21 PM 2:18 RECEIVED FLORIDA DEPARTMENT OF REVENUE | |
| Principal Place of Business 1805 ROYAL LANE, SUITE #103 DALLAS, TX 75229 | | Mailing Address 3383 W VINE ST, SUITE 307 KISSIMMEE, FL 34741 <div style="text-align: right; margin-top: -20px;">\$70.00</div> | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address 3361 W. Vine Street Suite 208 Kissimmee 34741 Country Osceola | | 06292005 Chg-NP CR2E037 (10/03) 05 4. FEI Number 59-2509140 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent D & F MANAGEMENT LLC 3383 W VINE ST, SUITE 207 KISSIMMEE, FL 34741 | | | 7. Name and Address of New Registered Agent Name Florida Association Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 3361 W. Vine Street Suite 208 Kissimmee FL 34741 | | |
| 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 <u><i>Dallie Boyd, agent</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 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 | PD NOBLE, R. EDWARD 10810 METRIC DR. #190 DALLAS, TX 75243 | <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 | VTD KIDD, ANDREW E 4100 ENCHANTED OAKS CIRCLE KISSIMMEE, FL 34741 | <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 | D HAWLEY, TIM 1714 GOLFVIEW DR KISSIMMEE, FL 34746 | <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 | <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 | <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)(i), 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: <u><i>Andrew E. Kidd</i></u> V.P. Andrew E. Kidd <u>7-11-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |