


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90123 041 ****61.25

DOCUMENT # N07885 1. Entity Name THE OAKS MASTER PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1805 ROYAL LANE, SUITE #103 DALLAS, TX 75229	Mailing Address 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741
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02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2509140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ASSOCIATION MANAGEMENT, INC.
 3361 W. VINE STREET
 SUITE 208
 KISSIMMEE, FL 34741

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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: *Dallas Boyd, NCAM* DATE: 3/17/06

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOBLE, R. EDWARD 10610 METRIC DR. #190 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KIDD, ANDREW E 4100 ENCHANTED OAKS CIRCLE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWLEY, TIM 1714 GOLFVIEW DR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *R. Edward Noble* DATE: 3/17/06 DAYTIME PHONE #: 407-483-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR