


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90091 041 ****61.25

DOCUMENT # N07885 1. Entity Name THE OAKS MASTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1805 ROYAL LANE, SUITE #103 DALLAS, TX 75229			Mailing Address 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741		
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				7. Name and Address of New Registered Agent	
FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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>Dollie Boyd, LCAM</i></u> <u><i>Dollie Boyd</i></u> <u><i>1/19/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	NOBLE, R. EDWARD				
STREET ADDRESS	10610 METRIC DR. #190				
CITY-ST-ZIP	DALLAS, TX 75243				
TITLE	VTD	<input type="checkbox"/> Delete			
NAME	KIDD, ANDREW E				
STREET ADDRESS	4100 ENCHANTED OAKS CIRCLE				
CITY-ST-ZIP	KISSIMMEE, FL 34741				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HAWLEY, TIM				
STREET ADDRESS	1714 GOLFVIEW DR				
CITY-ST-ZIP	KISSIMMEE, FL 34746				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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 all other like empowered.					
SIGNATURE: <u><i>R. Edward Noble</i></u> <u><i>R. EDWARD NOBLE</i></u> <u><i>1/23/07</i></u> <u><i>972-444-9300</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					