

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90190 008 ****61.25

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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 # 102 PARK PLACE BLVD		3. Mailing Address 102 PARK PLACE BLVD	
Suite, Apt. #, etc. D-2		Suite, Apt. #, etc. D-2	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34741	Country USA	Zip 34741	Country USA
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET SUITE 208 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) 102 PARK PLACE BLVD. SUITE D-2 City KISSIMMEE FL Zip Code 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>Halle D. Bryant</i></u> 2/20/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAY			
Filing Fee is \$61.25 Due by May 1, 2008		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 10610 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	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	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	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 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>Andrew E. Folsom</i></u>		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			