

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07885

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** THE OAKS MASTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

102 PARK PLACE BLVD  
D-2  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

102 PARK PLACE BLVD  
D-2  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 59-2509140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA ASSOCIATION MANAGEMENT, INC.  
102 PARK PLACE BLVD  
D-2  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

FLORIDA ASSOCIATION MANAGEMENT, INC.  
C/O DOLLIE BOYD  
102 PARK PLACE BLVD SUITE D-2  
KISSIMMEE, FL 34741 US

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.

SIGNATURE: \_\_\_\_\_

02/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NOBLE, R. EDWARD  
Address: 10610 METRIC DR. #190  
City-St-Zip: DALLAS, TX 75243

Title: VTD ( ) Delete  
Name: KIDD, ANDREW E  
Address: 4100 ENCHANTED OAKS CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: HAWLEY, TIM  
Address: 1714 GOLFVIEW DR  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLLIE BOYD

AGEN

02/09/2009

Electronic Signature of Signing Officer or Director

Date