


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90015 015 ****61.25

DOCUMENT # N07886			
1. Entity Name OVEROAKS PHASE I OWNERS ASSOCIATION, INC.			
Principal Place of Business 4100 ENCHANTED OAKS CIRCLE KISSIMMEE, FL 34741		Mailing Address 1805 ROYAL LANE S #103 DALLAS, TX 75229 US	
2. Principal Place of Business 1714 Golfview Dr Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State	
Zip 34746	Country USA	Zip	Country
4. FEI Number 59-2509156		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



01092004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent KIDD, ANDREW E 4100 ENCHANTED OAKS CIRCLE KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name: Tim Hawley Street Address (P.O. Box Number is Not Acceptable): 1714 Golfview Dr City: Kissimmee FL Zip Code: 34746	
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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: *Tim Hawley* (NOTE: Registered Agent signature required when reinstating) DATE: **1/26/04**

Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. \$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 4100 ENCHANTED OAKS CIRCLE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1805 Royal Ln #103 Dallas TX 75229
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1805 Royal Ln #103 Dallas, TX 75229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 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 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: *R. Edward Noble* R. EDWARD NOBLE 1/30/04 972-444-9300