

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90066 024 \*\*\*\*61.25

<b>DOCUMENT # N17341</b>					
<b>1. Entity Name</b> OAK TERRACE OF MANATEE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> P.O. BOX 651 ONECO, FL 34264-0651			<b>Mailing Address</b> P.O. BOX 651 ONECO, FL 34264-0651		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0135409	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MATTOX, REBECCA 3533 55TH SR. E BRADENTON, FL 34203			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> FULTON, PAM <b>STREET ADDRESS</b> 3303 56TH DRIVE <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRES. <b>NAME</b> Thasgard, STEVE <b>STREET ADDRESS</b> 5615 35th Ct. E. <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> GODWIN, ANN <b>STREET ADDRESS</b> 5521 35TH COURT EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> Boggar, Nancy <b>STREET ADDRESS</b> 5501 35th Ct. E. <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> FULTON, PAM <b>STREET ADDRESS</b> 3303 56TH DRIVE EAST <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SEC <b>NAME</b> Smith, Mike <b>STREET ADDRESS</b> 5615 35th Ct. E. <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> MATTOX, REBECCA <b>STREET ADDRESS</b> 3533 55TH DR E <b>CITY-ST-ZIP</b> BRADENTON, FL 34203	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Rebecca W. Mattox</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # <b>941-751-8066</b>		