


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 11 AM 9:02

DOCUMENT # N17849 1. Entity Name OAK TREE TOWNHOMES OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 111 BEAL PARKWAY S.E. FT. WALTON BEACH, FL 32548	Mailing Address 111 BEAL PARKWAY S.E. FT. WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2853306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUDGENS, ROBERT S. 111 BEAL PARKWAY, S.E. FORT WALTON BEACH, FL 32548

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDGENS, ROBERT S 111 BEAL PARKWAY S.E. FORT WALTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, DENISE H 111 BEAL PKWY SE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDGENS, TERESA R 111 BEAL PKWY SE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

~~500063959795~~
~~01/18/06--01038--007 **\$61.25~~

**DO NOT WRITE
IN THIS SPACE**

500063959795
01/18/06--01038--007 **\$61.75

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 persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #