2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N17849

1. Entity Name
OAK TREE TOWNHOMES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
111 BEAL PARKWAY S.E. FT. WALTON BEACH, FL 32548	111 BEAL PARKWAY S.E. FT. WALTON BEACH, FL 32548

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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2853306
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ U00000578939
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/09/07-80045-010 61.25

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	HUDGENS, ROBERT S
STREET ADDRESS	111 BEAL PARKWAY S.E.
CITY-ST-ZIP	FORT WALTON BCH., FL
TITLE	D
NAME	WHALEY, DENISE H
STREET ADDRESS	111 BEAL PKWY SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	HUDGENS, TERESA R
STREET ADDRESS	111 BEAL PKWY SE
CITY-ST-ZIP	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	

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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: _____ ROBERT S. HUDGENS 1/3/07 850 244 2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #