

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N17849	
1. Entity Name OAK TREE TOWNHOMES OWNERS' ASSOCIATION, INC.	
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



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

HUDGENS, ROBERT S.
111 BEAL PARKWAY, S.E.
FORT WALTON BEACH, FL 32548

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000791407
01/23/08-80074-005 61.25

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	

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:

Robert S. Hudgens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. Hudgens 1/8/08

Date

833-244-2100
Daytime Phone #