

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90092 037 ****61.25

DOCUMENT # N20498 1. Entity Name THE OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 353062 PALM COAST, FL 32135			Mailing Address P.O. BOX 353062 PALM COAST, FL 32135		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-family: cursive;">50033531</div>	
City & State		City & State		03022005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2864671	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BELLAPIANTA, MARC 21 OLD KINGS RD N. STE 209 PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name Bellapianta, -Marc Street Address (P.O. Box Number is Not Acceptable) 21 Old Kings Road North Suite Suite B209 City Palm Coast FL Zip Code 32137	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE: </div> <div style="width: 30%; text-align: center;"> MARC BELLAPIANTA </div> <div style="width: 30%; text-align: right;"> <div style="font-size: 24px; font-family: cursive;">3-29-05</div> <div style="text-align: center;">DATE</div> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 CORUM, TOM 9 LIVE OAK LANE PALM COAST, FL 32137	<input checked="" 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	SD SCOTT, BLAINE W 4 WALTER OAK PLACE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Scott, Blaine W 4 Water Oak Pl. Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINCE, AUGUSTUS 5 WATER OAK PL PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Prince, Augustus 5 Water Oak Pl. Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYBOLD, KENNETH 1 LAUREL OAK PLACE PALM COAST, FL 32137	<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	TD MOFFITT, RICHARD 6 LAUREL OAK PLACE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moffit, Richard 6 Laurel Oak Pl. Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Capece, Joyce 6 Live Oak Lane Palm Coast, FL 32137
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: AGUSTUS PRINCE, PRESIDENT <div style="float: right;">3-29-05 (386) 445-9282</div>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					