



FILED
Mar 06, 2008 8:00 am
Secretary of State

40039129



01072008 Chg-NP CR2E037 (12/06)

DOCUMENT # N20498 1. Entity Name THE OAKS HOMEOWNERS ASSOCIATION, INC.				Secretary of State 03-06-2008 90033 046 ****61.25	
Principal Place of Business P.O. BOX 353062 PALM COAST, FL 32135		Mailing Address P.O. BOX 353062 PALM COAST, FL 32135		40039129 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01072008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2864671	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLAPIANTA, MARC 17 OLD KINGS RD N, STE B PALM COAST, FL 32137				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (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. <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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, BLAINE W		NAME		
STREET ADDRESS	4 WALTER OAK PLACE		STREET ADDRESS		
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINCE, AUGUSTUS		NAME		
STREET ADDRESS	5 WATER OAK PL		STREET ADDRESS		
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEYBOLD, KENNETH		NAME		
STREET ADDRESS	1 LAUREL OAK PLACE		STREET ADDRESS		
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOFFITT, RICHARD		NAME		
STREET ADDRESS	6 LAUREL OAK PLACE		STREET ADDRESS		
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPECE, JOYCE		NAME		
STREET ADDRESS	8 LIVE OAK LANE		STREET ADDRESS		
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Joyce L. Capece</i>		Date: <i>2/13/08</i>		Daytime Phone #: <i>386-445-9282</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					