2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N20498

Entity Name: THE OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 353062
PALM COAST, FL 32135

New Principal Place of Business:

109 S 6TH ST
FLAGLER BEACH, FL 32136

Current Mailing Address:

P.O. BOX 353062
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-2864671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELLAPIANTA, MARC
17 OLD KINGS RD N, STE B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

PREFERRED MANAGEMENT SERVICES
109 S 6TH ST
SUITE 200
FLAGLER BEACH, FL 32136 US

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.

SIGNATURE: LEA STOKES 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: SCOTT, BLAINE W
Address: 4 WALTER OAK PLACE
City-St-Zip: PALM COAST, FL 32137

Title: VPD ( ) Delete
Name: PRINCE, AUGUSTUS
Address: 5 WATER OAK PL
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete
Name: SEYBOLD, KENNETH
Address: 1 LAUREL OAK PLACE
City-St-Zip: PALM COAST, FL 32137

Title: SD ( ) Delete
Name: MOFFITT, RICHARD
Address: 6 LAUREL OAK PLACE
City-St-Zip: PALM COAST, FL 32137

Title: PD ( ) Delete
Name: CAPECE, JOYCE
Address: 6 LIVE OAK LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: TOM, CORUM W
Address: 9 LIVE OAK LANE
City-St-Zip: PALM COAST, FL 32137

Title: VPD (X) Change ( ) Addition
Name: GUS, PRINCE
Address: 5 WATER OAK PL
City-St-Zip: PALM COAST, FL 32137

Title: T (X) Change ( ) Addition
Name: SEYBOLD, KENNETH
Address: 1 LAUREL OAK PLACE
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Change ( ) Addition
Name: MOFFITT, RICHARD
Address: 6 LAUREL OAK PLACE
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN SEYBOLD T 04/27/2009
Electronic Signature of Signing Officer or Director Date