

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90091 029 \*\*\*\*61.25

<b>DOCUMENT # N23579</b> 1. Entity Name <b>OAK TREE VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>A &amp; G MANAGEMENT SERVICES</b> <b>11360 FORTUNE CIRCLE, # E-6A</b> <b>WELLINGTON, FL 33414 US</b>			Mailing Address <b>A &amp; G MANAGEMENT SERVICES</b> <b>11924 FOREST HILL BLVD., # 22-221</b> <b>WELLINGTON, FL 33414 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0086444</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>A &amp; G MANAGEMENT SERVICES</b> <b>11924 FOREST HILL BLVD.</b> <b>PMB 221, # 22</b> <b>WELLINGTON, FL 33414</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>George Palermo</i></u> Agent <u><i>George Palermo</i></u> <u><i>4/18/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORMAN, MARK</b>		NAME	<b>Mark Norman</b>	
STREET ADDRESS	<b>11924 FOREST HILL BLVD #22 PMB 221</b>		STREET ADDRESS	<b>11924 Forest Hill Blvd #22-221</b>	
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33414</b>		CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE	DSVP	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, KELLY</b>		NAME	<b>Kelly Klein</b>	
STREET ADDRESS	<b>11924 FOREST HILL BLVD #22 PMB 221</b>		STREET ADDRESS	<b>11924 Forest Hill Blvd #22-221</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33414</b>		CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARDUNER, ANDREW</b>		NAME	<b>Andrew Carduner</b>	
STREET ADDRESS	<b>11924 FOREST HILL BLVD #22 PMB 221</b>		STREET ADDRESS	<b>11924 Forest Hill Blvd #22-221</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33414</b>		CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
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		
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		
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.					
<b>SIGNATURE:</b> <u><i>Mark Norman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3/10/08</i></u> <u><i>561 762-3226</i></u> <small>Date Daytime Phone #</small>		