## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N26769**

1. Corporation Name

THREE OAKS I MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90041 024 \*\*\*\*61.25

19091 TAMIAN FT. MYERS FL			amiami trail. 1 RS fl 33908	SE						
2. Principal P	Place of Business	2a. Maili	ng Address				3. Date Incorporated or Qu 06/03/1988	ualifed		
Suite, Apt.	#, etc.	Suite 27	, Apt. #, etc.				4. FEI Number 65-0092684			lied For Applicable
City & Stat	le		& State				5. Certifcate of Status Des	sired []	\$8.75 A	dditional
Zip 24	Country	Zip 29		Co	untry		Election Campaign Fina Trust Fund Contribution	. • 11	\$5.00 h Added to	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
					81	Name				-
FREEMAN, PAUL H. ATTORNEY					82	Street Addr	ess (P.O. Box Number is Not. Tamiami Trai	Acceptable)		
1840 WEST 49TH STREET					83	83				
SUITE 700 HIALEAH FL 33012					1010 117 010			3390		
HIALEAN	FL 33012				84	City		F	85 Zip C	ode
11. Pursuant office or agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Su ations of, Secti	ch change was on 617.0503, F	authonze Florida Sta	tutes	the corporation.	oration submits this statement on's board of directors. I hereb	for the purpose y accept the app DATE	of changing its r pointment as reg	egistered istered
12.		ND DIRECTOR	··	13.	<del></del>	<u> </u>	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	VSD		☐ DELETE	1.1 7	TITLE				Change	Addition
NAME	FREEMAN, PAUL H			1.2 1	AME					
STREET ADORESS	4000 TILLIAN TO ALL OF		4	1.3 5	TREET	ADDRESS				
CITY-ST-ZIP	FT. MYERS, FL 33908			1.40	CITY-S	T-ZIP				
TITLE	PD		☐ DELETE	2.17	TILE				Change	☐ Addition
NAME	ENNEN, WILLIAM			2.21	VAME					
STREET ADDRESS	40004 TAXABAN TOAN OF			2.3 5	STREET	TADORESS				
CITY-ST-ZIP	FT. MYERS, FL 33908			2.4	CITY-S	T-ZIP				
TITLE	STD		☐ DELETE	3.17	TTLE				☐ Change	Addition Addition
NAME	CHOATE, DAVID L.			3.2	AME					
STREET ADDRESS	19091 TAMIAMI TRAIL S.E.			3.3 9	STREET	T ADDRESS	,			
CITY-ST-ZIP	FT. MYERS FL			3.4.	CITY-S	ST-ZIP	,			

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

£1TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

5 3000

TITLE

NAME

TITLE

NAME

TITLE NAME : 151

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

941-267-3929

☐ Change

☐ Change

☐ Change

Addition

Addition

☐ Addition