


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N26769		
1. Entity Name THREE OAKS I MASTER ASSOCIATION, INC.		
Principal Place of Business 19091 TAMiami TRAIL, SE FT. MYERS, FL 33908	Mailing Address 19091 TAMiami TRAIL, SE FT. MYERS, FL 33908	



01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0092684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent FREEMAN, PAUL H. ATTORNEY 19091 TAMiami TR., SE FT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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6. 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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000104106

04/05/04-80084-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FREEMAN, PAUL H. 19091 TAMiami TRAIL SE FT. MYERS, FL 33908.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENNEN, WILLIAM 19091 TAMiami TRAIL, SE FT. MYERS, FL 33908.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHOATE, DAVID L. 19091 TAMiami TRAIL S.E. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, ALAN C 19091 TAMiami TR. SE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04
Date

Daytime Phone #