


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2005 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
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02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0092684	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. 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**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/16/05-80060-016 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)(i), 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

Date

Daytime Phone #