

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 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**



02102006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0092684**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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, 2006

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000436391  
02/27/06-80034-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Alan C. Freeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/10/06*  
Date

Daytime Phone #