# 2007 NOT-FOR-PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # N26769

1. Entity Name
THREE OAKS I MASTER ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 19091 TAMIAMI TRAIL, SE<br>FT. MYERS, FL 33908 | 19091 TAMIAMI TRAIL, SE<br>FT. MYERS, FL 33908 |

**DO NOT WRITE IN THIS SPACE**

01292007  No Chg-NP          CR2E037 (4/06)

| 4. FEI Number | | Applied For |
|---|---|---|
| 65-0092684 | | 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**<br>**Due by May 1, 2007** | 9. Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | U00000632207<br>02/21/07-80012-010 61.25 |
|---|---|---|---|

| 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 | ENNEN, 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 | |

**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: _____        2/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #