

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 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**



01102008 No Chg-NP CR2E037 (4/06)

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	

DO NOT WRITE IN THIS SPACE

8. 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, 2008**

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

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08

Date

Daytime Phone # _____