

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90182 028 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VSD	FREEMAN, PAUL H	19091 TAMiami TRAIL SE	FT. MYERS, FL 33908	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	ENNEN, WILLIAM	19091 TAMiami TRAIL, SE	FT. MYERS, FL 33908	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	CHOATE, DAVID L.	19091 TAMiami TRAIL S.E.	FT. MYERS FL	<input type="checkbox"/>	TD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	S	FREEMAN, ALAN C.	19091 TAMiami TRAIL SE.	FT. MYERS FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

CR2E037 (10/02)