

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28977

**FILED**  
**Jul 09, 2004**  
**Secretary of State****Entity Name:** THE OAKS OF HARDEE COUNTY PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**THE OAKS ASSOCIATION  
P O BOX 658  
ZOLFO SPGS, FL 33890 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 658  
ZOLFO SPRINGS, FL 33890 US**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BATTAGLIO JR, FRANK PD  
5168 DEER RUN DRIVE  
ZOLFO SPRINGS, FL 33890 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: BATTAGLIO JR, FRANK PD  
Address: 5168 DEER RUN DRIVE  
City-St-Zip: ZOLFO SPRINGS, FL 33890 USTitle: TD ( ) Delete  
Name: BOWES SR, WALTON F TD  
Address: 5181 GREENFIELDS RUN  
City-St-Zip: ZOLFO SPRINGS, FL 33890 USTitle: SD ( ) Delete  
Name: HAIGHT, SUSAN SD  
Address: 5182 DEER RUN DRIVE  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK BATTAGLIO JR

PD

07/09/2004

Electronic Signature of Signing Officer or Director

Date